State Form 43207 (2-89)

Sylvester CHS 4-21-91 Fayola Wright FRANCIS HARDCOPY

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INDIANAPOLIS

OFFICE MEMORANDUM

NOT FOR PUBLIC VIEW

DATE: April 12, 1993

TO: Stephen West
Plan Review & Permits Section

THRU: Karyl Schmidt KS 4-12-93
Harold Templin HT 4/12/93

FROM: Roger Koelpin RK 4/12/93

SUBJECT: Review of Johnson Controls, Goshen, Elkhart County, 12/10/92 Site Investigation Report (IND009549593)

I have reviewed the Johnson Controls Site Investigation Report. The report summarizes their efforts in identifying sources of contamination, and that the contamination has migrated off site via ground water. Johnson Controls has gathered enough information about the area hydrogeology to identify on-site sources and that control of those sources of contamination should proceed as a priority.

Subsequent efforts should include monitoring of the plume off-site. As source controls are implemented, the plume should be monitored to see if it persists off-site. If the plume persists, more investigation is needed to determine the extent of plume. As yet, the boundaries of the plume have not been identified.

RCRA regulations call for determination of the extent of contamination, and the rate of migration. Compliance with this requirement will be necessary at some point during closure of the regulated units that are at Johnson Controls. However, compliance with RCRA was not an objective of this review at this time given the voluntary nature of Johnson Controls' efforts.

cc: RCRA 4A File
Fayola Wright, US EPA, Region V

State Form 43207 (2-89)

Jaydla Wright Sylvester 4-27-92

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

RELEASED

INDIANAPOLIS 4-16-14 NOT FOR PUBLIC RELEASE

RIN #2014-004820

INITIALS

"ICE MEMORANDUM

RECEIVED MAR 19 199_

WMO RCRA RECORD CENTER Compliance

DATE: April 14, 1992

TO: Steve West, PRPS

THRU: Karyl Schmidt KS 4-14-92
Harold Templin KS for HT 4-14-92

FROM: Roger Koelpin, Geology

SUBJECT: Review of Johnson Controls (IND009549593) Interim Site Investigation Report, and additional data submitted to IDEM during a meeting with staff on April 6, 1992, in Indianapolis.

Johnson Controls has initiated an investigation of ground water contamination. The Interim Report, and additional data, document findings of the early phase of the investigation. The investigation was a laudible first step by the facility to characterize the extent of contamination that has migrated off-site, in Goshen, Elkhart County, Indiana.

The effort submitted for review is adequate as a first step to determine the extent of off-site ground water contamination. More work remains to be done to meet the requirements of RCRA Facility Investigations, under corrective action. The facility's plan to address on-site sources of contamination is acceptable, however, the rate and extent of the plume's migration must also be determined to design a comprehensive remediation. Specific tasks that must be done to determine the rate and extent of contaminant migration include better characterization of the hydrogeology of the system to be remediated. Additional concerns that must be addressed include identification of potential receptors of contamination.

The first phase of the investigation falls short of determining the extent of the contaminant plume. The first phase results were evaluated for adequacy with respect to RCRA Corrective Action regulations that were proposed in the July 27, 1990, Federal Register, Vol. 55, #145, pgs. 30798-30884. The objectives of corrective action are stated on page 30804, Section V.B., Clean-up Goals for Corrective Action, Ground Water, "Potentially drinkable ground water would be cleaned up to levels safe for drinking throughout the contaminated plume, regardless of whether the water was in fact being consumed." A preceeding section allows that clean-up target levels are best established as part of the remedy selection process.

Johnson Controls indicated in the April 6, 1992, meeting, that hydraulic and biologic characterizations of the aquifer at the plant are next on their agenda. The characterizations at the

*Not for Public Release (protected internal communications under IC 13-7-16-3(a)(4) or information not obtained under authority of, nor required, by state law).

to tracking the plume. For example, pumping tests of the flow zones at the site could document the integrity of the aquitards. Then, provided that the aquitards tested at the site are correlatable west of MW-13, this information could be carried over to the west instead of having to be entirely redone. However, additional borings to the west tracking the plume are needed.

Additionally, it would be prudent for Johnson Controls to thoroughly research the number of water supply wells west of MW-13 through the Elkhart River floodplain. The severity of the contamination is a function of the type and number of potential receptors. The presence of domestic wells and public water supply wells in the affected area would constitute a significant concern. The IDEM Office of Water, Drinking Water Branch, Ground Water Section may be already have domestic water sampling results. Mr. Steve Roush is the Chief of the Groundwater Section, and should be contacted at 317-233-4175. Also, Ms. Jean Beauchamp of the Drinking Water Branch, Public Water Supply Section should be contacted in regard to the Goshen water supply system, and can be reached at 317-233-4187.

cc: Ms. Fayola Wright, US EPA, Region V
4A File, Elkhart Co., Johnson Controls

RELEASED
DATE 4-16-14
RIN # 2014-004820
INITIALS WC

ENFORCEMENT SENSITIVE

HAZARDOUS WASTE ENFORCEMENT REFERRAL

TO: Enforcement Section
Hazardous Waste Management Branch
Assigned: _____ Date: _____

FROM: _____, Chief
_____ Section
Date: _____

TRACKING INFORMATION (or submit CMEL)
Originators Name: _____
Initial Evaluation: _____
Next (Follow-up) Evaluation Date: _____
Evaluation Type (3 letter code): _____
Evaluation Comment (60 character limit): _____

FACILITY OR HANDLER DESCRIPTION:

Contact Person: Mr. Lee Heck
Firm Name: Johnson Controls
Location: 1302 E. Monroe St., Goshen IN
EPA I.D. No.: IND 004 549 593

Hazardous Waste Activities: Currently hold interim status until closure plan is approved & closure certified. At present, they operate as a LQG (<90-day storage) They generate several wastes as outlined in check lists and trip report.

Copy of inspection sheet requested ( ) yes ( ) no

SUMMARY OF CASE OR REFERRAL:

A Notice of Violation and Enforcement Follow Up inspection are recommended to verify return to compliance. See more specific recommendations attached to this checklist.

SPECIFIC VIOLATIONS OR FINDINGS: (State Class I or Class II)

CEI

1. The designated Emergency Coordinator does not appear to be adequately familiar with information required to respond to an emergency (329 IAC 3-18-6)

2. Numerous personnel training and record keeping inadequancies including:
   a) no job titles for the positions related to hazardous waste management
   b) no names of employees filling each job title
   c) no job descriptions for each position related to hazardous waste management
   d) no written description of the entire hazardous waste manzgement training curriculum, both introductory and continuing
   e) records that demonstrate that all pertinent employees have completed their annual refresher training
   f) questionable annual refresher training sufficiency (329 IAC 3-16-7)

3. The facility's written waste analysis plan is inadequate (329 IAC 3-16-4 (b))

4. Both the wastewater treatment plant + the 1,1,1-trichloroethane distillation unit satellite accumulation areas had more than 55 gallons of hazardous waste present without dating the excess amount. (329 IAC 3-4-5(c)(2))

5. There were 2 drums present in the WWTP satellite accumulation area which were lacking lids. (329 IAC 3-23-4(a))

6. There were 2 drums present in the 1,1,1-trichloroethane distillation satellite accumulation area which had funnels in them while not being filled, one of which had been overfilled and had waste solvent on top of the lid (329 IAC 3-23-4(a))

7. 3 Drums of absorbent pads (F002) in the hazardous waste storage building lacked dates of accumulation (329 IAC 3-4-5)

8. There were spent absorbent pads piled on some drums in the NE section of the plant.

9. D001 wastes containing >500ppm Lead were not recognized as D008 as well (329 IAC 3-7-2)

SPECIFIC VIOLATIONS OR FINDINGS: (State Class I or Class II) cont'd

LDR Violations

1. Adherence to storage prohibitions could not be verified for 3 drums of absorbent pads (FC02) in the hazardous waste storage building because they lacked accumulation dates (40 CFR 268.50 (a)(7))

2. Prohibition levels / treatment standards for California list constituents (HOCs, cyanides, lead) were not recognized in D001 & D002 wastes (40 CFR 268.7(a))

3. LDR notifications were not provided for wastestreams containing California list constituents (40 CFR 268.7(a))

RECOMMENDED ORDER OR RESOLUTION:

A Notice of Violation is recommended as is an Enforcement follow up inspection to verify that Johnson Controls returns to compliance for named violations.

~~Most~~ D.Q. The violations pertaining to personnel training and record keeping and proper container management are of particular concern because they represent repeat problems.

They do appear to be making a concerted effort at waste minimization.

They should continue to analyze the waste oil from the 500 gal. and 1000 gal. waste oil tanks to demonstrate that no RCRA wastes have been mixed in. This has been a problem in the past and if it continues would represent an S02 (tank storage) which is not allowed by their present Part A. Also this tank is not inspected weekly nor is it dated with start of accumulation as would be required if it were a RCRA tank.

The facility should prepare a new flow diagram for their wastewater treatment plant which shows how the process has changed as well as greater detail than their present flow diagram shows. The practice of placing the decanted liquids into 'F006' labelled drums seems incorrect and should be changed. (This is described further in the Trip Report)

OTHER RECOMMENDATIONS AND REMARKS:

Overall, if the facility were to tighten up their waste management practices and record keeping practices with even a few more hours/week committed to this task, they could probably stay much closer to facility compliance.

REMEMBER ATTACHMENTS AND DOCUMENTATION!!!!!!!!

Prepared by: Gil Ortiz

U.S. ENVIRONMENTAL PROTECTION AGENCY

TECHNICAL ENFORCEMENT SUPPORT
AT
HAZARDOUS WASTE SITES

RCRA Inspection Referral Report
for the
November 26, 1990 Inspection
Conducted at:

JOHNSON CONTROLS
GOSHEN, IN
IND 009 549 593

Work Assignment No. R05039

CONTRACT NO. 68-W9-0007

TES X

Work Performed By:

METCALF & EDDY, INC.
85 W. Algonquin Road
Arlington Heights, IL 60005

January 7, 1991

January 8, 1991

Ms. Ann Budich
Work Assignment Manager
U.S. Environmental Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Re: TES X, WA No. R05039 - Indiana RCRA Inspections
RCRA Inspection Referral Report
Johnson Controls (IND 009 549 593)

Dear Ms. Budich,

Enclosed is the RCRA Inspection Referral Report for Johnson Controls, Goshen, Indiana. A copy of the report, including the original checklists, has also been sent to Dennis Zawodni, Indiana Department of Environmental Management.

If you have any questions or comments, please call Gail Artrip at (708) 228-0900, or me at (312)427-8752.

Sincerely,

METCALF & EDDY, INC.

Susan Lorenz
Senior Environmental Scientist

cc: Fred Norling
Gail Artrip
Jim Myers
Document Control

PREINSPECTION FILES AUDIT
CHECKLIST

DATE: 11 / 1 / 90

BY: James Myers

COMPANY: Johnson Controls, Inc.

LOCATION: Goshen, Elkart County, Indiana

I.D.#: IND/009/549/593

Type of inspection (G)----T----(TSD)----Closure---Complaint---Other(please specify)

A. GENERAL

		YES	NO	NA
1.	FEDERAL NOTIFICATION ON FILE?	✓	—	—
2.	FEDERAL PART A ON FILE?	✓	—	—
3.	CLOSURE PLAN REVIEWED? 3-17-89	✓	—	—
4.	CONTINGENCY PLAN REVIEWED? 6-28-85	✓	—	—
5.	BIENNIAL REPORT REVIEWED?	—	✓*	—
*6.	PART B PERMIT REVIEWED?	—	✓**	—
	*(Note any Special Permit Conditions)			

Comments: Part B called on 5-25-88, only last page of Biennial Report.

B. NOTIFICATION DATA (Notify type, waste codes listed, etc.)

Notification submitted 8-18-80: Fool, 2, 3, 5, 6, 17, 18 and P106, P121, U002, U154, U156, U220, U226, U228, U229
Original Part A submitted 10-29-80, 1st revision 3-12-89
and Revision Part A submitted 4-11-87
Part B called 5-25-88 (Facility has decided to pursue closure)

C. LAND DISPOSAL INFORMATION

1. List Waste and Land Disposal Facility

Fool6 65 empty containers of trace cyanide & dichromate	Adams Center Landfill Four-County Landfill

D. LIST POSSIBLE WASTE STREAMS NOT LISTED ON BIENNIAL REPORT

NONE found in file.

E. LIST WASTE MANAGEMENT PRACTICES WHICH MAY REQUIRE A PERMIT

Hazardous waste storage units currently interim status.

original Part A 10-29-80
1st JM revision ~~original~~ Part A 3-82
2nd Revision Par A 4-11-87
Part B called 5-25-88

F. FEDERAL PART A (Handling Codes), OR PART B PERMIT

1st revision ~~original~~ Part A 3-12-82 (rows 1–2)

	Code	Amount	Unit of Measure
	S01	1500	Gallons
1.	S02	1100	Gallons
	T04	35,000	Gallons per Day
2.	S01	31	Cubic Yards
	S01	20	Cubic Yards
~~3.~~	S01	1,551,000	Gallons
	S02	1,100,000	Gallons
4.	T04	35,000,000	Gallons per day
	S01	31,000	Gallons (31 cubic yards)
~~5.~~	S01	20,000	Gallons (20 cubic yards)
	S01	10,560	Gallons

original Part A 10-29-80 (rows 3–5)

— appears to be typos

2nd revised P-A 4-14-87 (S01 10,560)

Are there any descrepancies regarding multiple Part A submittals? Discrepancies between 10-29-80 / 3-12-82 and 4-11-87 Part A's. 4-11-87 indicate S01 10,560 gallon only.

G. CLOSURE/POST CLOSURE

1. Any Closed Units: If yes, describe: Not at time of file review
original closure plan completed July 1988 as part of 320 IAC 4-9.2(c)(4)
Closure plan for RCRA units received by IDEM dated 3-17-89 and determined to be inadequate – NOD (12-13-89).

H. COMPLIANCE HISTORY

List past two inspections and enforcement actions (CO, NOV, VL, WL)

Date of inspection	Action type	Date of Action
3-22-89	Letter of Compliance	5-19-89
10-21-86	NOV	resolved 9-25-87
1-10-85	NOV	returned to compliance 7-24-85

I. LIST UNRESOLVED ENFORCEMENT ACTIONS/VIOLATIONS

NONE found during file review

J. BRIEFLY SUMMARIZE PREVIOUS VIOLATIONS. NOTE IF THEY ARE REPEATS.

NOV - (1-10-85): inadequate inspection schedule, personnel training records; didn't file incident report w/in 15 days; inaccurate operating record; open containers; no start of accumulation dates; containers not marked "Hazardous Waste".

NOV - 2-19-87 - inadequate personnel records repeat!, container storage 75 over capacity, inadequate emergency equipment schedule,

K. LIST ANY ITEMS UNDER COMPLIANCE SCHEDULES WHICH ARE NOT YET COMPLETED OR NEED FIELD VERIFIED None found during file review.

L. COMMENTS Facility originally notified on 8-18-80 as G/TSD, Part A submitted 10-29-80, 1st revision 3-12-82, 2nd revision 4-11-87.

Part B was called 5-25-88 closure plan submitted on 3-17-89 for storage units. NOD - issued by FDEM on 12-13-89.

* Check for excepting hazardous waste from foreign country.

0978M
kaw
8/4/88

TSD - RCRA INSPECTION REPORT

EPA ID # IND 004544593 NAME Johnson Controls

MAILING ADDRESS: 1302 E. Monroe St.

Goshen, IN 46526

LOCATION ADDRESS: same

CONTACT: Lee Heck PHONE: 219-533-2111

OWNERSHIP: _____ COUNTY: Elkhart

STATUS CODE: 1 1=Active 3=Dead Mail 4=PCB handler
6=non-handler 2=Obsolete ID # 9=Superfund site
5=Out of business

ACTIVITY: (This should reflect the actual functioning of the facility)

LQG ✓ SQG ___ CEG ___ TRANSPORTER ___ TSD ✓ UI ___

TRANSPORTERS: Air ___ Rail ___ Hwy ___ Water ___ Other ___

HAZARDOUS WASTE FUEL : Gen mktg burner ___ other mktr ___ burner ___
OFF SPEC USED OIL FUEL : Gen mktg burner ___ other mktr ___ burner ___
SPEC USED OIL FUEL MKTR :
BURNING DEVISE : Util boiler ___ Indus boiler ___ Indus furn ___

Person(s) interviewed:	Title:	Telephone:
Lee Heck	Manufacturing Engineer	219-533-2111

Inspector(s):	Agency:	Telephone:
Gail Artrip	U.S. EPA	(708)228-0900
Jim Myers	U.S. EPA	(317)545-1073

Date of inspection: 11-26-90 Time of inspection: 10:30 AM

12stallation Processes by Process Code (EPA Form 3510-3)

S01	✓ Container storage	T03	___ Incinerator treatment
S02	___ Tank storage	T04	___ Other treatment
S03	___ Waste pile storage	D79	___ Injection well disposal
S04	___ Surface impoundment storage	D80	___ Landfill disposal
T01	___ Tank treatment	D81	___ Land application disposal
T02	___ Surface impoundment treatment	D83	___ Surface impoundment disposal

If Part A process codes are listed above as T04 please describe the process involved below: Their orig. Part A included a 1500 gal. storage tank (S02) which stored RCRA waste. Although this tank never went through formal closure it was cleaned and removed from the site. Johnson Controls presently has a S02 & a 1000-gal. storage tank which they claim only holds waste oil however on at least one occasion, it has had F002 (freon) mixed with it (them). This may be a recurring situation for them. Their present Part A has no S02 code named

1) Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application. (HWIMS 610)
S02 no longer on Part A. Technically in their old tank, they continued storing RCRA wastes until it was removed from site. The new tanks do not store RCRA wastes

2) Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 40 CFR 265.1(c). Provide a brief rationale for the possible exclusion.
RCRA-exempt WWTP under NPDES permit no. IN 0000761. Excluded under 40 CFR 265.1 (c)(10).

3) Type of Operation, Products Manufactured, Processes Utilized, Size of Operation, Concentrate on processes that produce waste (hazardous or non-hazardous)!

Manufacturing & distribution of automatic control devices (e.g. electrical, humidity controls). Processes include plating, machining, painting, stamping, light assembly, degreasing

4) If any of the wastes are managed in the manners listed below, please check those areas and utilize the provided appendices.

		YES	NO
A)	Waste Oil Fuel - Appendix A	___	___
B)	Lead Acid Batteries - Appendix B	___	✓
C)	Hazardous Waste Fuel - Appendix C	___	✓
D)	Precious Metals - Appendix D	___	✓
E)	Use Constituting Disposal - Appendix E	___	✓
F)	Tanks	___	✓
G)	Use and Management of Containers	✓	___

	YES	NO
H) Generator Accumulation Appendix	✓	
I) Waste Pile		✓
J) Surface Impoundment		✓
K) Landfill		✓

5) Hazardous Waste

Streams/EPA #	Source	Rate	Disposition
① Plating Waste - F006	WWT zinc process sludge	1½ drums/wk	Michigan Disposal - landfilled
② 1,1,1-Trichloroethane - F002	degreasing still bottoms	4 drums/mo.	Petrochem Processing - Fuel blending
③ Trichloroethylene - F001	waste filings, shavings, etc.	7 drums/mo	" " " "
④ Absorbent pads - 1,1,1-Trichloroethane (F002)	from minor spills around equipment	12 drums/mo	" " " "
⑤ Floor Dry - 1,1,1 Trichloroethane (F002)	clean up of minor spillage	1 drum/2 mo.	Elder-ado, AK - incineration
⑥ MEK - F005	paint remover	1 drum/mo	Petrochem Processing - fuel blend
⑦ Fresh-water-oil mixture (F002)	Air conditioning	1 drum/mo	" " " "
⑧ Waste Alcohol - F003 (D001)	Cleaning solution	1 drum/mo	" " " "
* ⑨ Naptha (D001)	Parts Washers	4 drums/3 mo.	Safety Kleen - recycling
⑩ Caustics (D002)	(Historical) from WWTP	unknown	1 Michigan Disposal - landfill 2 Cyanuchem - Detroit treatment

6) List all wastes not listed above.

Waste	Process Generating Waste	Rate	Disposition
waste oil	above-ground tank	1000 gal.	Berreth Oil - Mishawaka
waste oil	above-ground tank	500 gal.	Berreth Oil - Mishawaka
empty drums	triple rinsed	historical	unknown
askestos	clean up	historical 7-90 last	Wayne Disposal - MI no longer - 3-90 last
PCBs	clean up	historical	no longer - G.E. serviced
brass shavings	metal working	roll offs	handled by Omni Source, foundry for reclaim
copper shavings	metal working	roll offs	"
steel shavings	metal working	roll offs	"
cast iron shavings	metal working	roll offs	"

* 1/22/90 manifest describes D001 material as 3 also containing >500 ppm Lead (D008 not specified)

7) If the company claims a reuse or reclaim exemption please include the following information:

	Waste Type	Generation Rate	How reclaimed & by Who	Quantity stored on Site
A.				
B.				

8) Hazardous Waste

	On-Site	Amount	How Stored	Comments
	Floor Dry - F002			
J	1,1,1 Trichloroethane	8 - 55 gal. drums	drums	in haz. waste bldg
	1,1,1 Trichloroethane			
(2)	Absorbent Pads - F002	13 - 55 gal. drums	drums	" " "
(3)	F006 - WWTP filter cake	6 - 55 gal. drums	drums	" " "
(4)	F001 - Trichloroethylene	6 - 55 gal. drums	drums	" " "
(5)	F002 - 1,1,1 Trichloroethane	8 - 55 gal. drums	"	" " "
(6)	(not known if RCRA) soldering flux	6 - 5 gal. drums	"	" " "
(7)	F006 - WWTP filter cake	3 - 55 gal. drums	"	in WWTP satellite accum. area
(8)	F001 - Trichloroethylene	1 - 55 gal. drum	"	in degreaser sat. accum. area
(9)	F002 - 1,1,1 Trichloroethane	3 - 55 gal. drums	"	in degreaser sat. accum. area

9) Has the capacity of the storage areas listed on the Part A exceeded that allowed? List the type and amount of actual storage capacity overages. 329 IAC 3-38-2 (HWIMS 610)

NO. ~~No~~ Capacity has not been exceeded (<90 day storage) but some satellite accumulation areas had >55 gal. of waste in short term storage with no dates

10) Indicate any TSD activities which have been omitted from or are not clear on the facility map (for the purpose of determining if expansion has occured)
(40 CFR 270.13 and 329 IAC 3-34-4) (HWIMS 610)

No actual TSD activities are taking place at the facility. They are presently trying to obtain approval of closure plan for former storage areas, some of which have already been demolished and their former locations constructed over. As a result, the facility map has changed. *

11) Is the Biennial Report Accurate? yes

12) Note any non-RCRA Violations (Open Dumping, Dumping in City Sewer Without Pretreatment Program, OSHA, etc.) none noted

* Correspondence between IDEM & Johnson Controls to clarify what was demolished, reconstructed, particularly as it pertains to the closure activities and former 90 day storage activities was reviewed. The 1000- and 500-gal. tanks (above ground) currently on site contain waste oil, not a RCRA waste. No RCRA tanks remain on site.

13) Additional Comments:

General Facility Standards (paperwork)

1) Has the Regional Administrator/Environmental Management Board been notified regarding: — OK / DF / NI / NA

a. Receipt of hazardous waste from a foreign source? 40 CFR 265.12(a) (329 IAC 3-16-3) (HWIMS 300) — NA ✓

b. Facility expansion? 40 CFR 270.72(b) (329 IAC 3-38-3) (HWIMS 610) — OK ✓ *

c. Change of owner or operator? 40 CFR 265.12(b) (329 IAC 3-16-3) (HWIMS 300) — NA ✓

* Correspondence between Johnson Controls and IDEM was reviewed indicating that the facility has been modified from orig. configuration. There was some confusion about this earlier but it seems to have been straightened out.

2) General Waste Analysis: (HWIMS 310)

a. Has the owner or operator made a detailed chemical and physical analysis of the waste either through testing of knowledge of the process? 40 CFR 265.13(a)1 (329 IAC 3-16-4) — OK ✓ (DF ✓* struck out, initialed B.A.)

* No waste analysis plan was available at the time of the inspection. Mr. Lee Heck is supposed to send it via mail in next few days here. He could not locate it at the time.

b. Does the owner or operator have a detailed waste analysis plan on file at the facility? 40 CFR 265.13(b) (329 IAC 3-16-4) — DF ✓*

Does the waste analysis plan contain:

1. parameters (and rationale for their choice) — DF ✓
2. test methods — DF ✓
3. sampling method for representative sample — DF ✓
4. frequency of analysis (and rationale) — DF ✓
5. off-site only: waste analysis from generators — NA ✓ (initialed B.A.)
6. Additional waste analysis needed (when a change in waste type or process occurs)

   a. 265.193 (329 IAC 3-24-3) Tanks (see above) — NA ✓
   b. 265.225 (329 IAC 3-25-4) Impoundment (same as above) — NA ✓
   c. 265.252 (329 IAC 3-26-3) Waste Pile (same as above) — NA ✓
   d. 265.273 (329 IAC 3-27-3) Land Treatment (same as above) — NA ✓
   e. 265.341 (329 IAC 3-29-2) Incinerators (same as above) — NA ✓

		OK	DF	NI	NA
f.	265.375 (329 IAC 3-30-3)Thermal Treatment (same as above)	—	—	—	✓
g.	265.402 (329 IAC 3-31-3)Other Treatment (same as above)	—	—	—	✓

c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? 40 CFR 265.13(c) (329 IAC 3-16-4) — — N.A. ✓ — ✓

no waste received from off-site

d. Is the waste analysis plan followed? None was available at time of inspection

3) Owner or Operator Inspections: (HWIMS 320)

a.	Does the owner or operator inspect the facility for deterioration, malfunctions, operator errors, and discharges of hazardous waste that may affect human health or the environment? 40 CFR 265.15(a) (329 IAC 3-16-6)	✓	—	—	—
b.	Does the owner or operator have an inspection schedule at the facility? once/wk 40 CFR 265.15(b)2 (329 IAC 3-16-6)	✓	—	—	—
c.	If so, does the schedule address the inspection of the following items: 40 CFR 265.15(b)1 (329 IAC 3-16-6)				
	i. monitoring equipment?	✓	—	—	—
	ii. safety and emergency equipment?	✓	—	—	—
	iii. security devices (including fences)?	✓	—	—	—
	iv. operating and structural equipment (ie. dikes, pumps, etc.)?	✓	—	—	—
	v. type of problems to be looked for during the inspection (e.g. leaky fittings, defective pump, etc.)? 40 CFR 265.15(b)(2) (329 IAC 3-16-6)	✓	—	—	—

	OK	DF	NI	NA
vi. inspection frequency (based upon the possible deterioration rate of the equipment)? 40 CFR 265.15(b)(4) (329 IAC 3-16-6)	✓	—	—	—

vii. Must include:

1. Weekly container storage? (See 265.174) (329 IAC 3-23-5) (<90 day)	✓	—	—	—
2. Daily and Weekly Tank Storage? (See 265.194) (329 IAC 3-24-4)	—	—	—	✓
3. Daily freeboard and weekly dike inspection for surface impoundments? (See 265.226) (329 IAC 3-25-5)	—	—	—	✓
4. Landfills, Thermal treatment, Chemical, Physical, and Biological treatment should be inspected as determined by deterioration rate and daily at loading and unloading areas (where spills are likely) [See 265.15(b)(4) (329 IAC 3-16-6)]	—	—	—	✓

d. Does Owner or Operator follow the written inspection schedule as outlined? 265.15(b)(1) (329 IAC 3-16-6)	✓	—	—	—
e. Are areas subject to spills inspected daily when in use? 265.15(b)(4) (329 IAC 3-16-6)	✓	—	—	—
f. Does the owner or operator maintain an inspection log or summary of owner or operator inspections? 40 CFR 265.15(d) (329 IAC 3-16-6)	✓	—	—	—

g. Does the inspection log contain the following information: 40 CFR 265.15(d) (329 IAC 3-16-6)

i. the date and time of the inspection?	✓	—	—	—
ii. the name of the inspector?	✓	—	—	—

	OK	DF	NI	NA
iii. a notation of the observations made?	✓			
iv. the date and nature of any repairs or remedial actions?	✓			

4) Do personnel training records include: (HWIMS 330)

	OK	DF	NI	NA
a. Job titles for the positions related to HWM 40 CFR 265.16(d)1 (329 IAC 3-16-7)		✓		
b. The name of the employees filling each job title? 40 CFR 265.16(d)(1) (329 IAC 3-16-7)		✓		
c. Job descriptions including the required skills, education, or other qualifications and the duties of the personnel assigned to the position? 40 CFR 265.16(d)2 (329 IAC 3-16-7)		✓		

Check categories for which job titles/descriptions are available (please include the supervisors of each category in that category when reviewing documents).

Emergency coordinator___ Training coordinator___ Emergency response personnel___ Inspectors___ Material handlers___ Container labelers___ Manifesters___ Recordkeepers___

	OK	DF	NI	NA
d. Description of both introductory and continuing training required for each job? 40 CFR 265.16(d)(3) (329 IAC 3-16-7)		✓		

Describe in general the type of training program in use at the facility.

We were told that the initial training consists of a small spill response clean up film, hazardous material handling SCBA training, MSDS discussion and tests. No written description of the training, introductory or continuing, was available for review.

	OK	DF	NI	NA
e. Records of training required in (d)? 40 CFR 265.16(d)4 (329 IAC 3-16-7)		✓		

f. Did facility personnel receive the required training including:

	OK	DF	NI	NA
i) classroom or on the job	___	✓	___	___
ii) within 6 months of hire	___	✓	___	___
iii) annual review of training?	___	✓	___	___

g. Are all training records maintained for current personnel and for at least three years for former employees? 40 CFR 265.16(e) [329 IAC 3-16-7(e)] ___ ✓ ___ ___

The manner in which records are maintained makes verification that all required personnel are receiving their introductory and especially their annual update training impossible. We were able to verify that at least some of the employees are receiving annual training.

CONTINGENCY PLAN AND EMERGENCY PROCEDURES (HWIMS 350)

1) Does the Contingency Plan contain the following information:

a. The actions facility personnel must take to comply with 265.51 (3-18-2) and 265.56 (3-18-7) in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable). ✓ ___ ___ ___

A. A description of arrangements agreed by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services. 329 IAC 3-18-3 ✓ ___ ___ ___

i. Names, addresses, and phone numbers of all persons qualified to act as emergency coordinators? ✓ ___ ___ ___

ii. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities? 40 CFR 265.52(e) (329 IAC 3-18-3) ✓ ___ ___ ___

	OK	DF	NI	NA
iii. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must decribe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes.) 40 CFR 265.52(f) (329 IAC 3-18-3)	✓			
2) Emergency Coordinator:				
a. Is the facility Emergency Coordinator identified? 40 CFR 265.52(d) (329 IAC 3-18-3)	✓			
b. Is coordinator familiar with all aspects of site operation and emergency procedures? 40 CFR 265.55 (329 IAC 3-18-6)		*✓		
c. Does Emergency Coordinator have the authority to carry out the Contingency Plan? 40 CFR 265.55 (329 IAC 3-18-6)	✓			

Contingency Plan last revised 6/27/89

* The emergency coordinator is identified and has necessary authority but it appears that he may not be aequately familiar with information required to respond to an emergency. No evidence that he has had any hazardous materials training.

Preparedness and Prevention

	OK	DF	NI	NA
1) Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility? 40 CFR 265.37 (329 IAC 3-17-7) (HWIMS 340)	✓			
2) Are copies of the Contingency Plan available at the site and local emergency organizations? 40 CFR 265.53 (329 IAC 3-18-4) (HWIMS 350)	✓			
3) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56 (329 IAC 3-18-7)? (HWIMS 350)				✓

none has occurred

MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING:

		OK	DF	NI	NA
1)	Use of Manifest System: (HWIMS 360)				
	a. Does the facility follow the procedures listed in 265.71 (3-19-2) for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)				✓*
	b. Are records of past shipments retained for three (3) years? 40 CFR 265.71(b)5 (329 IAC 3-19-2)				✓
2)	Has the facility submitted copies of hazardous waste manifests to the Department within five (5) working days after receiving hazardous waste? (This requirements applies to both Indiana's and other states hazardous waste manifests)?				✓
3)	Does the owner or operator meet requirements regarding manifest discrepancies? (Off-site facilities only) 40 CFR 265.72 (329 IAC 3-19-3)				✓
4)	Unmanifested Waste Reports: (applies only to Off-site facilities)				
	a. Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 (3-8-1) without a manifest or shipping paper? 40 CFR 265.76 (329 IAC 3-19-7)				✓
	b. If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type and date received for each unmanifested hazardous waste shipment.				
	c. Has the facility submitted 8700-13B (unmanifested waste report)?				

* Johnson Controls does not receive wastes from off-site sources.

---

5)	Closure/Post Closure				
	a. Is the closure plan available for inspection? 40 CFR 265.112(a) (329 IAC 3-21-3) (HWIMS 390)	✓			
	b. Is the post-closure plan available for inspection? (for disposal facilities only) 40 CFR 265.118(a) (329 IAC 3-21-8) (HWIMS 390)				✓
	c. Has the closure cost and post closure cost estimate been revised annually to account for inflation. (HWIMS 400)	✓			

Also trying to get a new closure plan approved

Dec. 1989

6) Operating Record: (HWIMS 370)

	OK	DF	NI	NA
a. Does owner or operator have a operating record? 40 CFR 265.73(a)	✓			
b. Does the owner or operator maintain an operating record that contains the following information?				
i. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR 265 Appendix I (329 IAC 3-32-2)? 40 CFR 265.73(b)(1) (329 IAC 3-19-4) Facility does not receive wastes from off-site. No TSD activity at time of inspection. See 4a.				✓

Summarize how the facility tracks the method and date of TSD activity.

Inventory log lists date accumulated drum into < 90 day storage bldg. with cumulative drum record. Then lists when picked up and includes manifest number. No > 90 day storage. No treatment or disposal takes place at this facility. No off-site wastes received.

ii. The location and quantity of each hazardous waste within the facility? (This information shall be cross referenced to a specific manifest number if the waste was accompanied by manifest.) 40 CFR 265.73(b)(2) (329 IAC 3-19-4)	✓			

Summarize how the facility tracks the location and quantity of waste.

See note above

iii. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross referenced to specific manifest number, if accompanied by a manifest.) 40 CFR 265.73(b)(2) (329 IAC 3-19-4)				✓
iv. Records and results of all waste analyses, trial tests, monitoring data, and operating inspections? 40 CFR 265.73(b)(3)(5)(6) (329 IAC 3-19-4)	✓			
v. Reports detailing all incidents that required implementation of the Contingency Plan? 40 CFR 265.73(b)(4) (329 IAC 3-19-4) None has occurred				✓
vi. All closure and post closure costs as applicable? 40 CFR 265.73(b)(7) (329 IAC 3-19-4) Dec. 1989	✓			

GROUNDWATER MONITORING

40 CFR Subpart F

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

		OK	DF	NI	NA
1)	Has the owner or operator of the facility implemented a groundwater monitoring system? 40 CFR 265.90(a) (329 IAC 3-20-1) (HWIMS 380)	—	—	—	✓
2)	Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in 265.90(d) (329 IAC 3-20-1)? (HWIMS 380)	—	—	—	✓

APPENDIX GN

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

Manifest Requirements: (HWIMS 110)	OK	DF	NI	NA
1) Does the operator have copies of the manifest available for review? 40 CFR 262.40 (329 IAC 3-10-1)	✓	—	—	—
2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period	21			
3) Do the manifest forms examined contain the following information. 40 CFR 262.21 (329 IAC 3-8-1)				
a. Manifest document number? EPA ID No. + Unique 5 digit No.? (A sequential number for all manifests before September 20, 1984, and a five digit unique number after September 20, 1984.)	✓	—	—	—
b. Name, mailing address, telephone number, and EPA ID number of generator?	✓	—	—	—
c. Name, telephone number (3-14-3) and EPA ID Number of Transporter(s)?	✓	—	—	—
d. Name, Address, telephone number (3-14-3) and EPA ID Number of designated permitted facility?	✓	—	—	—
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	✓	—	—	—
f. The total quantity of waste(s) and the type and number of containers loaded?	✓	—	—	—
g. Required certification?	✓	—	—	—
h. Required signatures?	✓	—	—	—
i. EPA hazardous waste number (3-14-3)?	✓	—	—	—

	OK	DP	NI	NA
4) For hazardous waste shipments to Indiana facilities (or hazardous waste shipments to states that do not supply manifests) has the generator used the Indiana Hazardous Waste Manifest? 329 IAC 3-8-2	✓	—	—	—
5) Has the generator submitted copies of hazardous waste manifests to the Department within five (5) working days after shipping hazardous waste? (This requirement applies to both Indiana's and other states hazardous waste manifests). 329 IAC 3-8-4	—	—	✓	—

6) Reportable exceptions:
40 CFR 262.42 (329 IAC 3-10-3) (HWIMS 180)

a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. 0

b. For manifests indicated in (6a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) (329 IAC 3-10-3) to the Regional Administrator. 0

Manifest # INA 0457011 dated 7/5/90 signed by designated facility but lacked date

INTERNATIONAL SHIPMENTS: (HWIMS 190)

	OK	DP	NI	NA
1) Has the installation imported or exported hazardous waste? 40 CFR 262.50 (329 IAC 3-11-1) (If answered Yes, complete the following as applicable.)	—	—	—	✓ no
a. Exporting hazardous waste; has a generator:				
i. Notified the administrator in writing?	—	—	—	—
ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	—	—	—	—
iii. Met the Manifest requirements?	—	—	—	—
b. Importing hazardous waste; has the generator met the manifest requirements?	—	—	—	—

RECORDKEEPING AND REPORTING:

		OK	DF	NI	NA
1)	Has the generator made a proper hazardous waste determination for all solid wastes generated at the facility? 40 CFR 262.11 (329 IAC 3-7-2) (HWIMS 100)	—	*✓	—	—
2)	Has the generator submitted biennial reports and exception reports as required? 329 IAC 3-10-2 and 329 IAC 3-10-3 (HWIMS 180/360)	✓	—	—	—
3)	Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 40 CFR 262.40 (329 IAC 3-10-1) (HWIMS 180)	✓	—	—	—

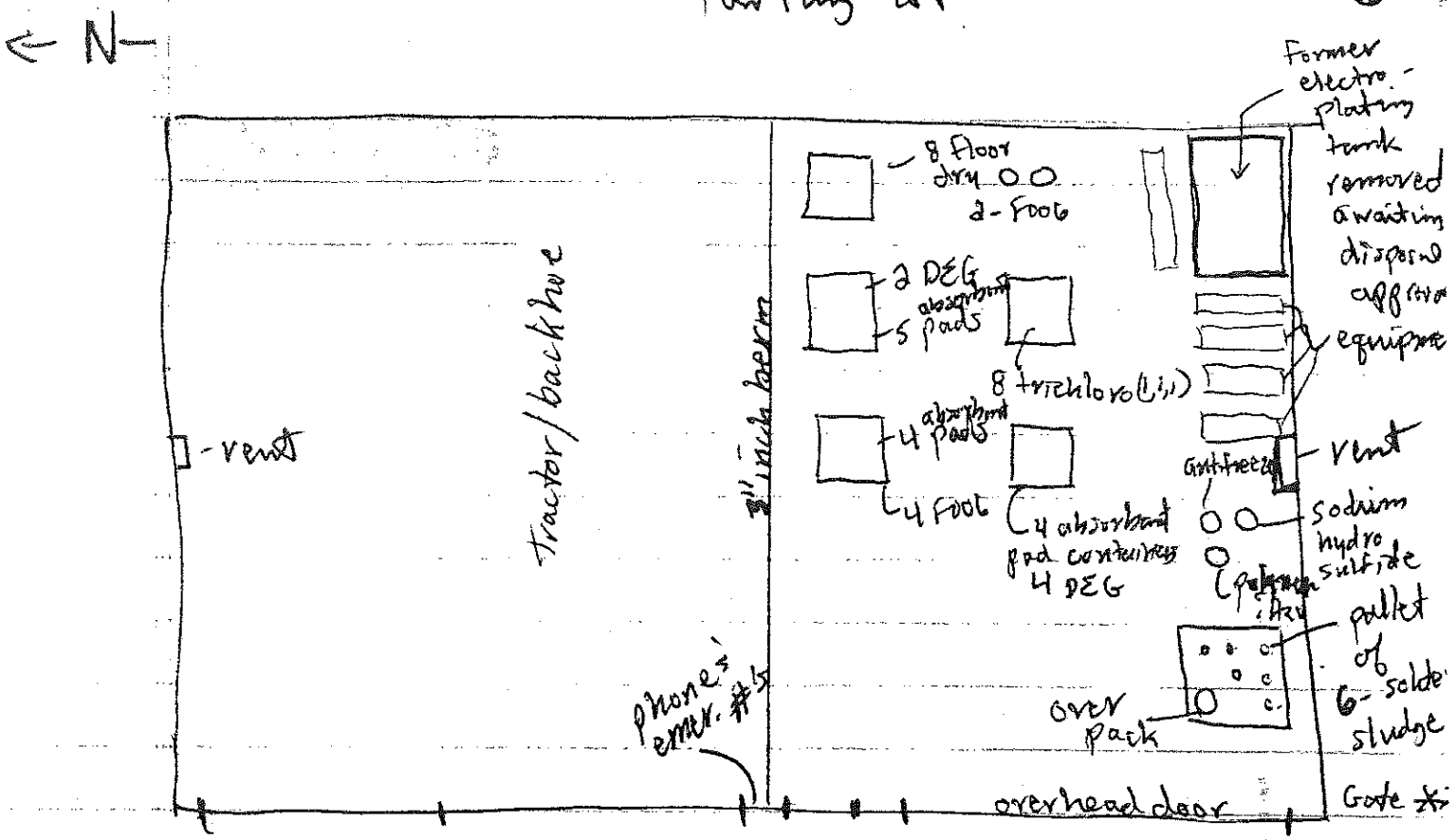
* Did not recognize D008 in D001 wastestream

DRAW A SITE MAP; identify site of all hazardous waste activity, i.e. accumulation areas, storage areas, treatment areas, etc.

See attached

Remember to take photos and document as well as possible all violations!!!

5015S
kaw
12/21/89



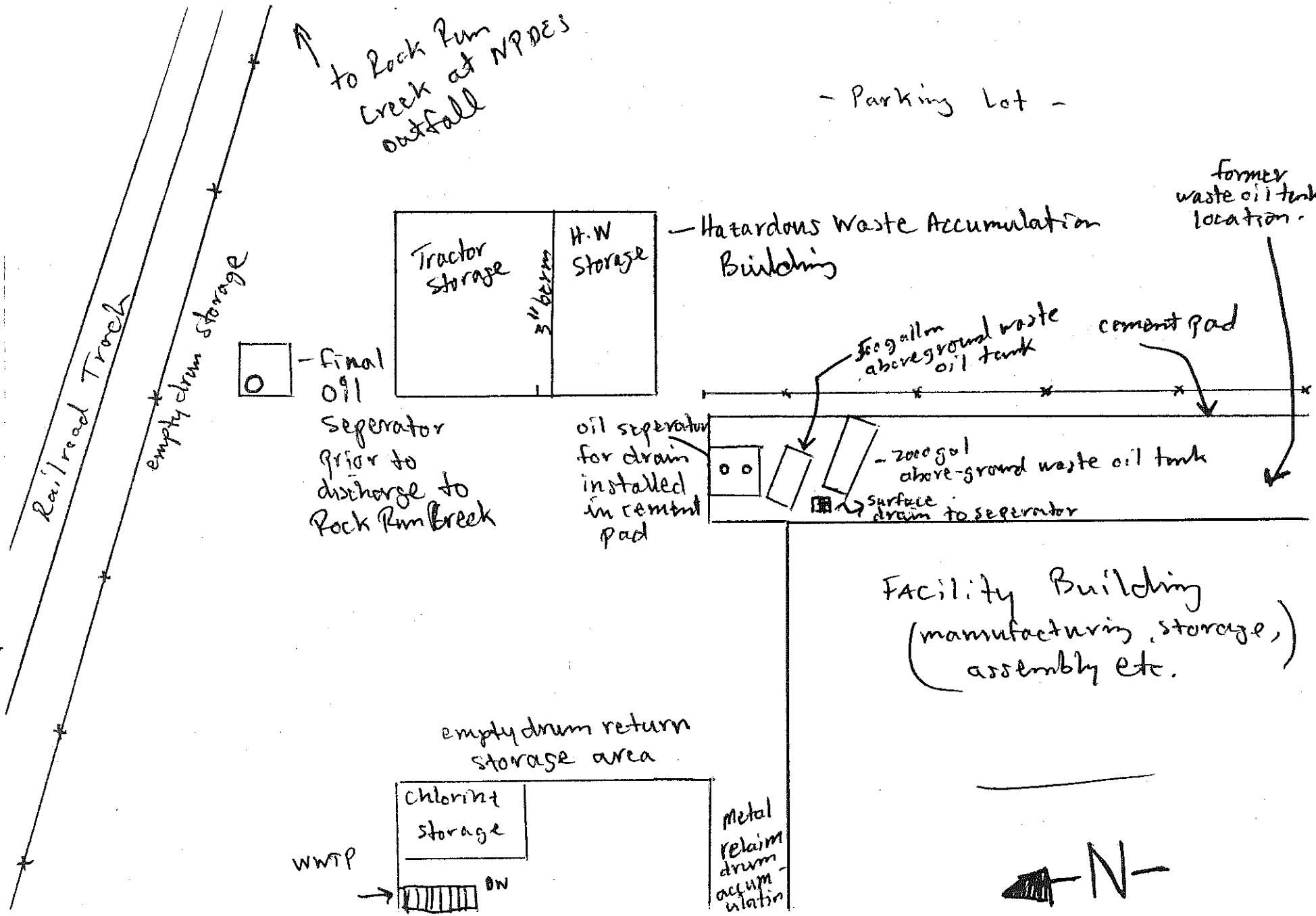
Hazardous Waste Container Storage Building

— Drive Area —

Project Johnson Controls Acct. No. _____ Page 1 of 1

Subject Goshen Indiana Comptd. By J. MYERS Date 11/26/90

Detail CBS/LDR Inspection Ck'd. By _____ Date _____



METCALF & EDDY, ENGINEERS

Generator Accumulation Appendix
(HWIMS 120)

Location of Unit Haz. Waste Bldg.

		OK	DF	NI	NA
1)	If waste is being shipped off-site is it properly packaged, labeled and marked per DOT regulations? 40 CFR 262.30-262.32 (329 IAC 3-9-1 to 3)	✓			
2)	Is the container clearly marked with the start of accumulation date? 40 CFR 262.34 (329 IAC 3-9-5)		✓		
3)	Have more than 90 days elapsed since the date inspected in (a)? 40 CFR 262.34 (329 IAC 3-9-5)	*✓			
4)	Do wastes remain in accumulation tanks for more than 90 days? 40 CFR 262.34 (329 IAC 3-9-5				✓
5)	Is each container and tank labeled or marked clearly with the words "Hazardous Waste"? 40 CFR 262.34 (329 IAC 3-9-5)	✓			

*3 drums lacked dates so their age couldn't be determined with certainty. All other drums were <90 days old. Also 6-5 gal. buckets of soldering pot sludge. Not yet known how to classify/dispose of Currently out for analysis by Great Lakes Environmental. All are dated 9-11-89. Not yet known whether or not hazardous. Part of why it's been held is because they contain alot of silver which they were hoping to reclaim but could not find a way to extract the silver.

Satellite Accumulation
(HWIMS 120)

		OK	DF	NI	NA
1)	Are containers marked with the words "Hazardous Waste" or with other words identifying the contents? 40 CFR 262.34 (329 IAC 3-9-5 (c))	✓			
2)	Are containers in good condition, compatible with the wastes in them and stored closed? 40 CFR 262.34 (329 IAC 3-23-2 & 3 & 4(a))		✓		

0022S
kaw
1/13/89

Also observed at the facility were numerous spent absorbent pads (F002) piled on drums.

Use and Management of Containers

Location of Unit Haz. Waste Bldg

(HWIMS 160/410)

	OK	DF	NI	NA
1) Are containers in good condition?	✓			
2) Are containers compatible with waste in them?	✓			
3) Are containers managed to prevent leaks?	✓			
4) Are containers stored closed?	D.G. ✓	✓		
5) Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the property line? (Indicate if waste is ignitable or reactive).	✓			
6) Are incompatable wastes stored in separate containers? (If not the provisions of 265.17(b) apply)	✓			
7) Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	✓			
8) If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
a. Special handling?	✓			
b. No Smoking signs?	✓			
c. Separation and protection from ignition sources?	✓			
9) Does the container storage area have adequate aisle space (about 2.5 feet)?	✓			
10) Can containers be inspected for leaks or deterioration without moving the containers during the inspection?	✓			

Preparedness and Prevention

11) Security - Do security measures include: (HWIMS 300)

a. 24- hour surveillance? or	✓			
b. Barrier around facility including controlled entry?	✓			
c. Danger sign(s) at entrance?	✓			

12) Maintenace and Operation of Facility: (HWIMS 140/340, 810 spill)

a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	(no) ✓			

13) If required, does the facility have the following equipment: (HWIMS 140/340)

	OK	DF	NI	NA
a. Internal communications or alarm systems?	✓			
b. Telephone or 2-way radios at the scene of operations?	✓			
c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment? Are water hoses, foam equipment, automatic spinklers or water spray equipment available? (Please specify)	✓			

14) Whenever waste is being handled do all personnel have immediate access to an alarm or communication device (thru another employee if always available)? (HWIMS 140/340) ✓

Testing and Maintenance of Emergency Equipment

(HWIMS 140/340)

15) a. Has the owner or operator established testing and maintenace procedures for emergency equipment? ✓
b. Is emergency equipment in operable condition? ✓

16) Does the owner or operator maintain adequate aisle space for the movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment? (This applies to access for this equipment to reach hazardous waste management areas) ✓

*TSD's Only

check for comments on back!

Use and Management of Containers

1) Are containers in good condition? 40 CFR 265.170 (329 IAC 3-23-1)
2) Are containers compatible with waste? 40 CFR 265.172 (329 IAC 3-23-3)
3) Containers managed to prevent leaks? 40 CFR 265.173(b) (329 IAC 3-23-4)
4) Are containers stored closed? 40 CFR 265.173(d) (329 IAC 3-23-4)
5) Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the property line? (Indicate if waste is ignitable or reactive). 40 CFR 265.176 (329 IAC 3-23-6)
6) Are incompatable wastes stored in separate containers? (If not provisions of 265.17(b) apply) 40 CFR 265.177(a) (329 IAC 3-23-7)
7) Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance? 40 CFR 265.177(c) (329 IAC 3-23-7)
8) If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed?
   a. Special handling?
   b. No Smoking signs?
   c. Separation and protection from ignition sources? 40 CFR 265.17(a) (329 IAC 3-16-8)
9) Does the container storage area have adequate aisle space (about 2.5 feet)? [329 IAC 3-23-4 (c)]
10) Can containers be inspected for leaks or deterioration without moving the containers [329 IAC 3-23-4 (c)]
11) *Security-Do security measures include:
   a. 24- hour surveillance? or
   b. Barrier around facility including controlled entry?
   c. Danger sign(s) at entrance? 40 CFR 265.14 (329 IAC 3-16-5)
12) Maintenace and Operation of Facility
   a. Is there any evidence of fire, explosion, or release of hazardous waste constituent? 40 CFR 265.31 (329 IAC 3-17-2)
13) If required, does the facility have the following equipment:
   a. Internal communications or alarm systems? 40 CFR 265.32 (a) & 40 CFR 265.34 (a) (329 IAC 3-17-3 & 5)
   b. Telephone or 2-way radios at the scene of operations? 40 CFR 265.32 (b) & 40 CFR 265.34 (b) (329 IAC 3-17-3 & 5)
   c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment? Are water hoses, foam equipment, automatic spinklers or water spray equipment available? 40 CFR 265.32(c)[329 IAC 3-17-3(c)]
14) Whenever waste is being handled do all personnel have immediate access to an alarm or communication device (thru another employee if always available)? 40 CFR 265.34(a)[329 IAC 3-17-5]
15) a. Has the owner or operator established testing and maintenace procedures for emergency equipment? 40 CFR 265.33 [329 IAC 3-17-4]
   b. Is emergency equipment in operable condition? 40 CFR 265.33 [329 IAC 3-17-4]
16) Does the owner or operator maintain adequate aisle space for the movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment? (This applies to access for this equipment to reach hazardous waste management areas) 40 CFR 265.35 [329 IAC 3-17-6]

*TSD's Only

RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

I. General Information

Facility: Johnson Controls

U.S. EPA ID No.: IND 009 549 593

Street: 1302 E. Monroe St.

City: Goshen State: IN Zip: 46526

Telephone: 219-533-2111

Inspection Date: 11/26/90 Time: 10:30 (am/pm)

Weather Conditions: overcast, 60°

	Name	Agency/Title	Telephone
Inspectors:	Gail Amlip	U.S. EPA	(708) 228-0900
	Jim Myers	U.S. EPA	(317) 545-1073
Facility Representatives:	Lee Heck, Manufacturing Engr.		(219) 533-2111

See Appendix B to determine which of the following LDR waste categories the facility manages:

	Generate	Transport	Treat	Store	Dispose
F001-F005 Solvents	✓				
F020-F023 and F026-F028					
California List*	✓				
First Third [40 CFR 268.10]	✓				
Second Third [40 CFR 268.11]					
Third Third [40 CFR 268.12]	✓				

* See Appendix A

RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

II. WASTE IDENTIFICATION

A. **List waste codes which the facility handles in each of the following LDR categories*:**

1. F001 through F005 spent solvents:
   F001, F002, F003, F005

2. F020-F023 and F026-F028 dioxin-containing wastes:
   _____

3. California List Wastes (See Appendix A): Cal list wastes not recognized by facility:
   Lead + HOCs in D001 wastestream; cyanide in D002 wastestream. HOCs and cyanides *

4. First Third Wastes [40 CFR 268.10]:
   F006 (WWTP sludge from electroplating)

5. Second Third Wastes [40 CFR 268.11]:
   _____

6. Third Third Wastes [40 CFR 268.12]**:
   D001, D002

* are the only issues of current concern, as lead is now covered under the treatment standard for D008.

*See Appendix B.

** Note: Effective 09/25/90, large quantity generators and TSDs are required to use the toxicity characteristic leaching procedure (TCLP) instead of the extraction procedure (EP) for determining the toxicity characteristic (TC). Small quantity generators must comply with this new requirement by 03/29/91. Wastes which exhibit TC, but do not exhibit EP, will be considered "newly identified" wastes. They will be regulated under 40 CFR Part 268 only after they are evaluated by U.S. EPA, even if they are characteristic for a constituent previously covered under the EP toxicity characteristic [55 FR 22531].

B. **Waste Code Determination**

1. Have all wastes been correctly identified for purposes of compliance with 40 CFR Part 268?*

   Yes___ No ✓

   If no, list below:

Assigned Classification	Correct Classification
D001	D001, D008
_____	_____
_____	_____
_____	_____

*Areas of concern include: California List/waste categories with more stringent treatment standards; listed/characteristic; multi-source/single-source leachate; P and U waste codes/F and K wastes; and waste code carry through principle.

Comments: Prior to Third Third effective date, Cal list implications

6. Soil and debris contaminated with wastes that had treatment standards set in the Third Third rule based on incineration, mercury retorting, or vitrification. See Appendix A; (expires - 05/08/92). [40 CFR 268.35(c)]

Yes ___ No ✓ List _____

7. The following nonwastewaters - F039, K031, K084, K101, K102, K106, P010, P011, P012, P036, P038, P065, P087, P092, U136, U151. (expires -05/08/92). [40 CFR 268.35(c)]

Yes ___ No ✓ List _____

8. The following wastes identified as hazardous based on a characteristic alone: D004 (nonwastewaters), D008 (lead materials stored before secondary smelting), D009 (nonwastewaters) (expires - 05/08/92). [40 CFR 268.35(c)]

Yes ___ No ✓ List _____

9. Inorganic solid debris as defined in 40 CFR 268.2(g)*; includes chromium refactory bricks carrying EPA Hazardous Waste Nos. K048-K052 (expires - 05/08/92). [40 CFR 268.35(c)]

Yes ___ No ✓ List _____

*Note: Incorrect reference [40 CFR 268.2(a)(7)] in Third Third rule.

10. RCRA hazardous wastes that contain naturally occurring radioactive materials (expires - 05/08/92). [40 CFR 268.35(c)]

Yes ___ No ✓ List _____

11. Wastes listed in 40 CFR 268.10, 268.11, and 268.12 that are mixed radioactive/hazardous wastes (expires - 05/08/92)*. [40 CFR 268.35(d)]

Yes ___ No ✓ List _____

*Note: 40 CFR 268.10 and 268.11 wastes incorrectly omitted from this variance in the Third Third rule.

Johnson Controls holds interim status however their waste management practices involve no treatment (subject to RCRA), disposal and only <90 day storage. They receive no waste from off-site.

TSD

RCRA LAND DISPOSAL RESTRICTION INSPECTION

IV. TSD REQUIREMENTS

A. Waste Analysis [40 CFR 268.7(b), 264.13, and 265.13]

1. Does the waste analysis plan address the following LDR waste categories? [40 CFR 264.13(b)(6) and 265.13(b)(6)]

F001-F005 Spent Solvents	*	Yes ___	No ___	NA ___
F020-F023 and F026-F028 Dioxins	*	Yes ___	No ___	NA ___
California List Wastes	*	Yes ___	No ___	NA ___
First, Second, and Third Third Wastes	*	Yes ___	No ___	NA ___

Comments * None was available at the site during the inspection.

2. Has the waste analysis plan been revised to address F039 multi-source leachate?

Yes ___ No ___ NA ✓

3. What date was the waste analysis plan last revised? ___/___/___ * see comment above

4. Does analytical data contain all the information required to treat, store, or dispose of restricted wastes? [40 CFR 264.13(a)(1) and 265.13(a)(1)] Data appears to be available, but is not always used appropriately by the facility, e.g. D001 wastes containing >1000 ppm HOCs and >500 ppm Lead are not additionally recognized as Cal List or D008. Similarly, D002 waste containing high levels of cyanide are not recognized as Cal List.

Yes ✓ No ___

If yes, which of the following are sources of analytical data? (More than one may apply.):

Johnson Controls is a facility which generates wastes on site, until final closure of storage units.

___ Generator provides data
___ Facility performs analyses in on-site laboratory
✓ Facility contracts analyses at off-site laboratory

If the generator provides data, does the facility provide corroborative testing? [40 CFR 264.13(a)(2) and 265.13(a)(2)] Facility does not receive wastes from off site

Yes ___ No ___ NA ✓

If analyses are conducted off site, identify lab: Great Lakes Environmental Services

a. Are wastes with treatment standards specified in 40 CFR 268.41 analyzed using the toxicity characteristic leaching procedure (TCLP)?* (BDAT** = stabilization/immobilization technology) [40 CFR 268.7(b)(1)]

Yes ___ No ✓ NA ___

*See Appendix C for exceptions.
**BDAT = best demonstrated available technology. See Appendix A.

If yes, list the wastes for which TCLP was used and provide the date of last test, frequency of testing, and note any problems. Attach test results. [40 CFR 264.73 (b)(3) and 265.73(b)(3)]

b. Are wastes with treatment standards specified in 40 CFR 268.43 analyzed using total constituent analysis?* (BDAT = destruction/removal technology) [40 CFR 268.7(b)(3)]

Yes ___ No ___ NA ✓

*See Appendix C for exceptions.

If yes, list the wastes for which total constituent analysis was used and provide the date of last test, frequency of testing, and note any problems. Attach test results. [40 CFR 264.73 (b)(3) and 265.73(b)(3)]

c. Is the paint filter liquids test (PFLT) used to determine if California List wastes are contained in *liquid* hazardous waste? [40 CFR 268.32(i)]

Yes ___ No ✓ NA ___

If yes, list the wastes for which PELT was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results. [40 CFR 264.73(b)(3) and 265.73(b)(3)]

B. Operating Record [40 CFR 264.73 and 265.73]

1. Does the operating record contain records and results of waste analyses performed as specified in 40 CFR 268.4 and/or 40 CFR 268.7(b)? [40 CFR 264.73(b)(3) and 265.73(b)(3)]

Yes ___ No ✓

2. Does the operating record contain copies of LDR notifications and certifications?* [40 CFR 264.73(b)(11), (13), and (15) and 40 CFR 265.73(b)(11), (13), and (15)]

Yes ✓ No ___

*Include both those received from generators, and those prepared for off-site shipments.

3. Does the operating record include appropriate documentation for restricted wastes which are managed wholly on site? [40 CFR 264.73(b)(12), (14), and (16) and 265.73(b)(12), (14), and (16)]

Yes ___ No ___ NA ✓

Does the documentation discussed in points 2. and 3. reflect proper historical management of wastes previously covered under expired national capacity variances, case by case extensions, and the soft hammer provision?*

Yes ✓ No ___ NA ___

*Note that the soft hammer provision expired as of 05/08/90. Soft hammer wastes which had treatment standards established in the Third Third rule were granted a minimum 90-day national capacity variance to 08/08/90.

C. **Storage [40 CFR 268.50]**

1. Are prohibited* wastes stored on site in containers?

Yes ✓ No ___ (If No, go to 2.)

*See Appendix E for distinction between restricted and prohibited wastes.

Are all containers clearly marked to identify the contents and date(s) entering storage? [40 CFR 268.50(a)(2)(i)] Facility accumulates wastes for <90 days only.

Yes ___ No ✓

Have wastes been stored for more than one year since the applicable LDR regulations went into effect?

Can't be ~~verified~~ confirmed with absolute certainty.

Yes ___ No ___ (If No, go to 2.)

Can the facility show that such accumulation is necessary to facilitate property recovery, treatment, or disposal? [40 CFR 268.50 (c)]

Yes ___ No ✓

If yes, state how:_____

2. Are prohibited wastes stored on site in tanks?

Yes ___ No ✓ (If No, go to 3.)

Are all tanks clearly marked with a description of the contents, the quantity of each hazardous waste received, and date each period of accumulation begins, or is such information recorded and maintained in the operating record? [40 CFR 268.50(a)(2)(ii)]

Yes ___ No ___

Have tanks been emptied at least once per year since the applicable LDR regulations went into effect?

Yes ___ No ___ (If Yes, go to 3.)

Can the facility show that such accumulation is neccesary to facilitate proper recovery, treatment, or disposal? [40 CFR 268.50(c)]

Yes ___ No ___

If yes, state how:_____

3. Does the facility store liquid hazardous waste containing PCBs at concentrations greater than or equal to 50 ppm?

Yes ___ No √ (If No, go to D.)

Does the facility meet the TSCA criteria in 40 CFR 761.65(b)? [40 CFR 268.50(f)]

Yes ___ No ___

Have these wastes been stored for more than one year? [40 CFR 268.50(f)]

Yes ___ No ___

D. **Treatment**

1. Does the facility treat restricted wastes other than in surface impoundments?

Yes B.G. ~~√~~ No √ (If No, do not complete this section. Go to E.)

2. Are required technologies used to treat wastes which have treatment standards specified in 40 CFR 268.42? [40 CFR 268.40(b)]

Yes___ No___ NA___ (If Yes or NA, go to 3.)

Was an alternative method approved?

Yes___ No___

List each waste code, the technology specified in 40 CFR 268.42, and the alternative method. Check if approval of the alternative method is documented. [40 CFR 268.42(b)]

Waste Code	Required Technology	Alternative Method	Approval

3. Lab packs: If alternative treatment standards are specified, are incinerator residues from lab packs containing D004, D005, D006, D007, D008, D010, and D011 treated in compliance with the subpart D treatment standards for these characteristic wastes? [40 CFR 268.42(c)(4)]

Yes___ No___ NA___

4. Describe all other waste codes and treatment processes:

Waste Code	Treatment Processes
_____	_____
_____	_____
_____	_____

5. Characteristic wastes:

Is the 40 CFR Part 268 treatment standard lower than the 40 CFR Part 261 characteristic level?*

Yes ___ No ___

*This applies to both concentration based treatment standards specified in 40 CFR 268.41 and 268.43, and to some 40 CFR 268.42 required methods which result in treatment below the characteristic level. See Appendix D.

If yes, does the facility manage the waste as restricted until 40 CFR Part 268 treatment standards are met, even after the waste is rendered non-hazardous? [40 CFR 268.9(d)]

Yes ___ No ___

Comments_____

6. Dilution Prohibition [40 CFR 268.3]:

a. Does the facility mix prohibited wastes with different treatment standards?

Yes ___ No ___ (If No, go to c.)

List the wastes_____

b. Are the wastes amenable to the same type of treatment? [55 FR 22666]

Yes ___ No ___

If yes, is this method used for the aggregated wastes?

Yes ___ No ___

Comments_____

c. Based on an assessment of points a. and b., or any other relevant information, is dilution used as a substitute for treatment? [40 CFR 268.3(a)]

Yes ___ No ___

Comments_____

7. Does the facility, in accordance with an acceptable waste analysis plan, test residues from all treatment processes? [40 CFR 268.7(b)]

Yes ___ No ___

Comments _____

8. Does the facility ship any characteristic wastes which have been rendered non-hazardous to a Subtitle D facility?

Yes ___ No ___ (If No, go to 9.)

Complete the following table:

Waste Code	Receiving Facility
_____	_____
_____	_____
_____	_____

Are a notification and a certification for each shipment sent to the Regional Administrator or authorized State? [40 CFR 268.9(d)(1) and 268.7(b)(5)]

Yes ___ No ___

9. Does the facility ship any wastes or treatment residues to an off-site land disposal facility?

Yes ___ No ___ (If No, go to 10.)

Complete the following table:

Waste Code	Receiving Facility
_____	_____
_____	_____
_____	_____

Are a notification and a certification provided to the land disposal facility with each waste shipment? [40 CFR 268.7(b)(4) and 40 CFR 268.7(b)(5)]

Yes ___ No ___

10. Does the facility ship any wastes or treatment residues to be further managed at a different treatment or storage facility?

Yes ___ No ___ (If No, go to E.)

Complete the following table:

Waste Code	Receiving Facility
____	_____
____	_____
____	_____

Are appropriate generator notifications and certifications provided to the receiving facility with each waste shipment? [40 CFR 268.7(b)(6)]

Yes ___ No ___

E. **Surface Impoundments [40 CFR 268.4]**

1. Are restricted wastes placed in surface impoundments for treatment?

   Yes ___ No ✓ (If No, go to F.)

   List _____

2. Are evaporation or dilution the only recognizable treatment occurring in the surface impoundment? [40 CFR 268.3(a) and 268.4(b)]

   Yes ___ No ___

   Comments _____

3. Has the facility submitted to the Agency a waste analysis plan and certification of compliance with minimum technology requirements and ground-water monitoring requirements? [40 CFR 268.4(a)(4)]

   Yes ___ No ___

4. If the minimum technology requirements have not been met, has a waiver been granted for that unit? [40 CFR 268.4(a)(3)(ii)]

   Yes ___ No ___ NA ___

5. Are representative samples of sludge and supernatant from the surface impoundment tested separately, acceptably, and in accordance with the sampling frequency and analyses specified in the waste analysis plan? (Attach test results.) [40 CFR 268.4(a)(2)(i)]

   Yes ___ No ___

6. Does the operating record adequately document the results of waste analyses performed in accordance with 40 CFR 268.4? [40 CFR 264.73(b)(3) and 265.73(b)(3)]

   Yes ___ No ___

   Comments _____

7. Do the treatment residues (sludges or liquids) exceed applicable treatment standards/prohibition levels?

Sludge Yes ___ No ___ Waste Code _____
Supernatant Yes ___ No ___ Waste Code _____

Provide the frequency of analyses conducted on treatment residues:

_____

8. If sludge residues exceed treatment standards/prohibition levels, are they removed on an annual basis? [40 CFR 268.4(a)(2)(ii)]

Yes ___ No ___ NA___

Comments _____

Are residues subsequently managed in another surface impoundment? [40 CFR 268.4(a)(2)(iii)]

Yes ___ No ___

9. If supernatant is determined to exceed treatment standards, is annual throughput greater than impoundment volume? [40 CFR 268.4(a)(2)(ii)]

Yes ___ No ___ NA___

Comments_____

F. Land Disposal

1. Are restricted wastes placed in or on the land in units such as landfills, surface impoundments*, waste piles, land treatment units, salt domes/beds, mines/caves, concrete vaults, or bunkers? [40 CFR 268.2(c)]

Yes ___ No √ (If No, go to G.)

*Note: Do not include surface impoundments addressed in E.

If yes, specify which units and what wastes each unit has received:

Unit	Waste
_____	_____
_____	_____
_____	_____

2. Does the facility, in accordance with an acceptable waste analysis plan, test prohibited wastes prior to land disposal to ensure that all applicable treatment standards and/or prohibition levels have been met? [40 CFR 268.7(c)(2)]

Yes ___ No ___

Comments_____

3. Does the facility test wastes to ensure that they do not exhibit any characteristics at the point of disposal?* [40 CFR 268.9(c)]

Yes ___ No ___ NA___

*Note: A waste may exceed a characteristic level only if the treatment standard for that characteristic has been met.

4. Does the operating record adequately document the results of waste analyses performed in accordance with 40 CFR 268.7(c)? [40 CFR 264.73(b)(3) and 265.73(b)(3)

Yes ___ No ___

If yes, at what frequency are analyses performed?_____
_____

5. Does the facility land dispose of restricted wastes which are not prohibited?

Yes ___ No ___ (If No, go to 6.)

List waste codes in appropriate category below:

National Capacity Variance (40 CFR Part 268, Subpart C)_____
Case-By-Case Extension (40 CFR 268.5)_____
No-Migration Petition (40 CFR 268.6)_____
Treatment Standard Variance (40 CFR 268.44)_____

Does the operating record contain records of the quantities, date of placement, and a copy of the generator notification [40 CFR 268.7(a)(3)] for each shipment of restricted waste subject to a case-by case extension or no-migration petition? [40 CFR 264.73(b)(10) and 265.73(b)(10)]

Yes ___ No ___ NA ___

Do land disposal units receiving wastes covered by a national capacity variance or case-by-case extension meet the requirements in 40 CFR 268.5(h)(2)?

Yes ___ No ___ NA ___

If the facility has a case-by-case extension, is progress being made as described in reports to the Regional Administrator?

Yes ___ No ___ NA ___

6. Are restricted wastes placed in underground injection wells?

Yes ___ No ___ List _____

G. Other Wastestreams

1. Does the facility generate wastes other than residues from RCRA treatment units?

   Yes √ No ___ (If No, go to H.)

2. On-Site Management

   a. If characteristic wastes are treated in systems regulated under the Clean Water Act, have the following been documented: the determination of restriction, how restricted wastes are managed, and why wastes discharged pursuant to an NPDES permit are not prohibited (if applicable)? [55 FR 22662]

      Yes ___ No ___ NA √

   b. If characteristic wastes are treated in RCRA exempt units to render them non-hazardous, are the wastes managed as restricted until 40 CFR Part 268 treatment standards are met?* [40 CFR 268.9(d)]

      Yes ___ No ___ NA √

      *This applies to both concentration based treatment standards specified in 40 CFR 268.41 and 268.43, and to some 40 CFR 268.42 required methods which result in treatment below the characteristic level. See Appendix D.

3. Off-Site Management: Waste Exceeds Treatment Standards

   Are wastes that exceed treatment standards/prohibition levels (not subject to a national capacity variance) shipped to an off-site treatment or storage facility?

   Yes √ No ___ (If No, go to 4.)

   Identify wastes code(s) and off-site treatment or storage facilities to which wastes are shipped.

Waste Code	Receiving Facility
F001	Petrochem Processing (fuel blending)
F002	Petrochem Processing " "
(Floor Dryal) F002	Eldorado, AK - incineration
F006	Michigan Disposal - landfill
F005	Petrochem Processing - fuel blending

Waste Code	Receiving Facility
D001	Safety Kleen - recycling
D002	Michigan Disposal - landfill
D002 containing cyanide	Cyanochem - Detroit
F003	Petrochem Processing - fuel blending
D001 (with lead + HOC)	Safety Kleen (South Bend)

   Are LDR notifications provided for each shipment to the treatment or storage facility? [40 CFR 268.7(a)(1)]

   Yes √ No ___ (If No, go to 4.)

If alternative treatment standards are specified for lab packs, is the certification required in 40 CFR 268.7(a)(7) or (8) included with the notification?

Yes ___ No ___ NA ✓

4. Off-Site Management: Wastes Meets Treatment Standards

a. Are wastes that meet treatment standards/prohibition levels shipped to an off-site disposal facility?

Yes ___ No ✓ (If No, go to 5.)

Identify waste code(s) and off-site disposal facilities:

Waste Code	Receiving Facility
_____	_____
_____	_____
_____	_____

Are LDR notifications and certifications provided for each shipment to the disposal facility? [40 CFR 268.7(a)(2)(i) and 268.7(a)(2)(ii)]?

Yes ___ No ___ (If No, go to b.)

b. Are characteristic wastes which have been rendered non-hazardous (in a RCRA exempt unit) shipped to a Subtitle D facility?

Yes ___ No ___ NA ___ (If No or NA, go to 5.)

Complete the following table:

Waste Code	Receiving Facility
_____	_____
_____	_____
_____	_____

Are a notification and a certification for each shipment sent to the Regional Administrator or authorized State? [40 CFR 268.9(d)(1) amd 268.7(b)(5)?

Yes ___ No ___

5. Off-Site Management: Wastes Subject to Variances, Extensions, or Petitions

a. Are wastes that are subject to a national capacity variance (40 CFR Part 268, Subpart C) or a case-by-case extension (40 CFR 268.5) shipped to a treatment, storage, or disposal facility?

Yes ___ No ✓ (If No, go to 6.)

Complete the following table:

Waste Code	Receiving Facility
_____	_____
_____	_____
_____	_____

b. Are LDR notifications (stating that the waste is not prohibited from land disposal) provided for each shipment to the off-site receiving facility? [40 CFR 268.7(a)(3)]

Yes ___ No ___

6. Dilution Prohibition [40 CFR 268.3]:

a. Are prohibited* wastes with different treatment standards mixed?

*See Appendix E for distinction between restricted and prohibited wastes.

Yes ___ No ✓ (If No, go to b.)

List the wastes_____

Are the wastes amenable to the same type of treatment? [55 FR 22666]

Yes ___ No ___

Comments_____

b. Are prohibited wastes diluted to meet treatment standard criteria, or render them non-hazardous? [55 FR 22665-22666]

Yes ___ No ✓ (If No, go to c.)

Check appropriate category:

___Dilutes to meet treatment standards
___Dilutes to render waste non-hazardous

Do wastes fall into the following categories? (Check if appropriate.) [40 CFR 268.3(b)]

___Managed in treatment systems regulated under the Clean Water Act
___Non-toxic* characteristic wastes
___Treatment standard specified in 40 CFR 268.41 or 268.43

*Non-toxic = D001 (except high TOC nonwastewaters), D002, and D003 (except cyanides and sulfides). [55 FR 22666]

If the wastes do not fall into the above categories, briefly describe the conditions under which they were diluted.

_____
_____
_____

c. Based on an assessment of points a. and b., and any other relevant circumstances, are prohibited wastes diluted as a substitute for adequate treatment? [40 CFR 268.3(a)]

Yes ___ No ✓

Comments_____

H. **Additional Comments, Concerns, or Issues Not Addressed in the Checklist:**

_____
_____
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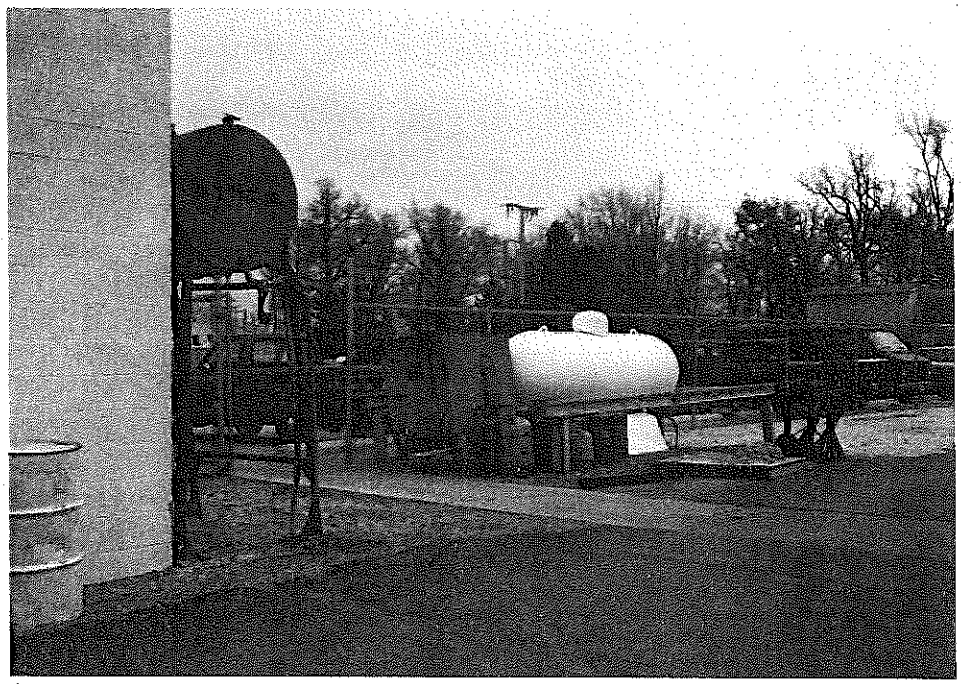
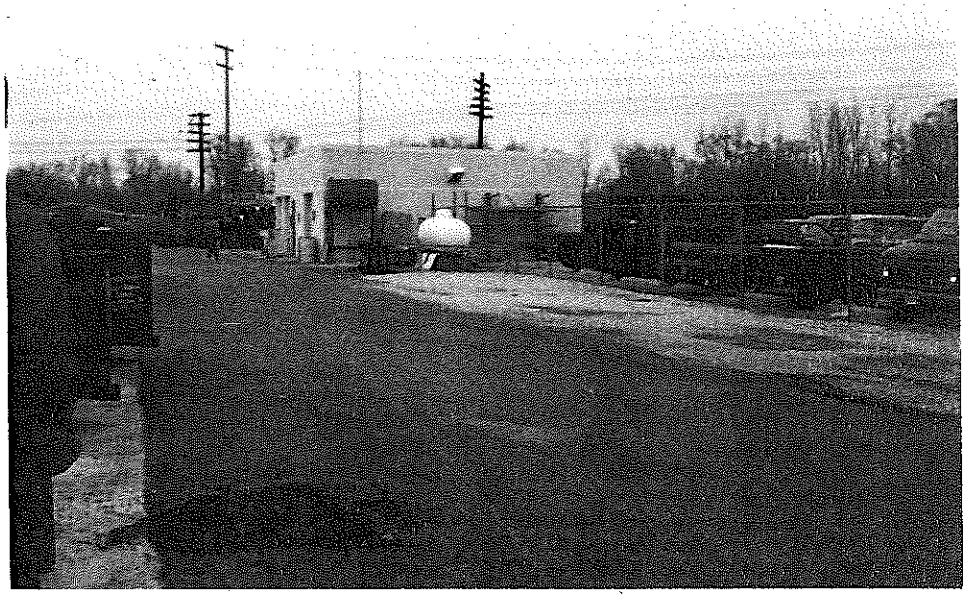
Photo No.:	1
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	Southeast
Photographer:	G. Artrip
Camera:	Canon G III
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.



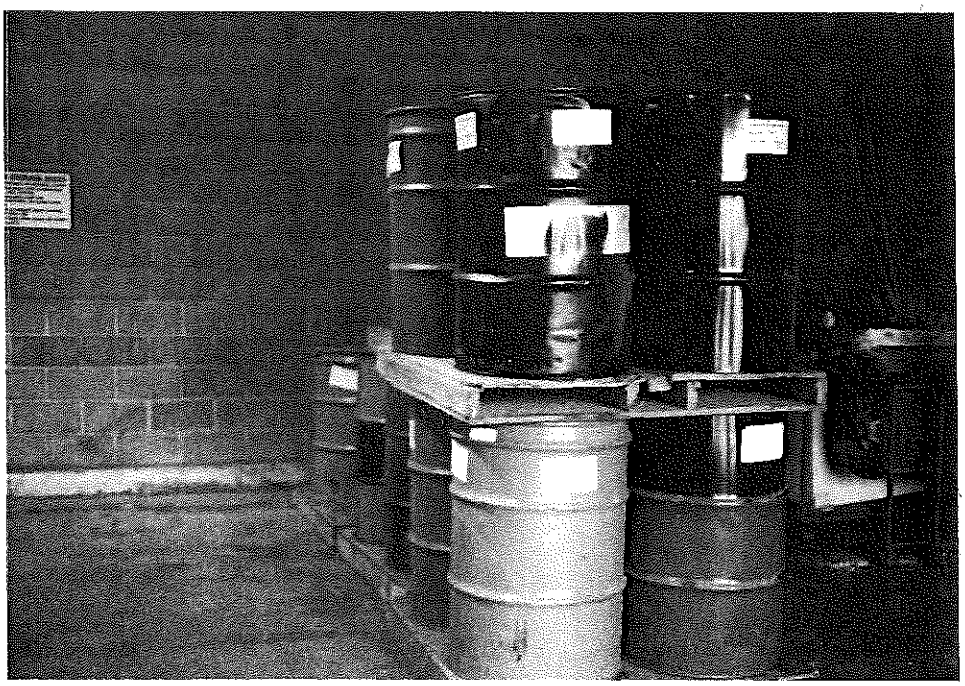
Tanks full of virgin materials adjacent to hazardous waste storage building.

Photo No.:	2
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	North
Photographer:	G. Artrip
Camera:	Canon G III
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.



Hazardous waste storage building. Drums in the background are empty.

Photo No.:	3
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	NA
Photographer:	G. Artrip
Camera:	Canon G III
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.

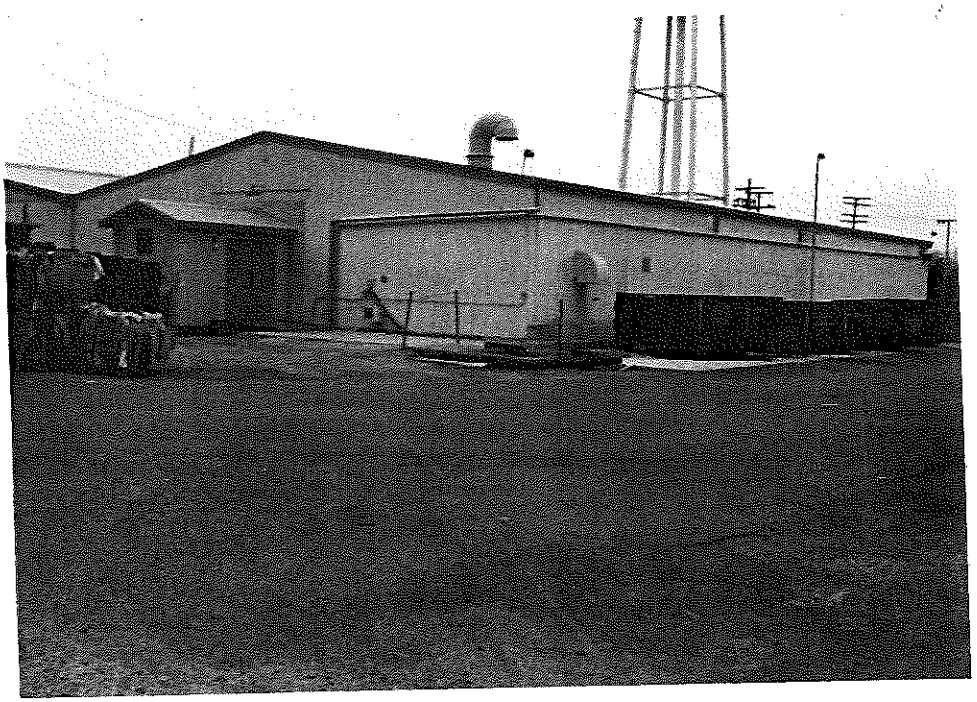


Typical drum storage arrangement in hazardous waste storage building.

Photo No.:	4
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	NA
Photographer:	G. Artrip
Camera:	Canon G III
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.

Typical drum storage arrangement in hazardous waste storage building.

Photo No.:	5
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	Northwest
Photographer:	G. Artrip
Camera:	Canon G III
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.



Rolloffs are used for metal scrap to be sent to foundry. Just to the left of rolloffs is the concrete pad where the 1500-gallon above-ground storage tank used to be located.

Photo No.:	6
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	South
Photographer:	G. Artrip
Camera:	Canon G III
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.

The two green (500- and 1000-gallon capacity) tanks which store waste oil.

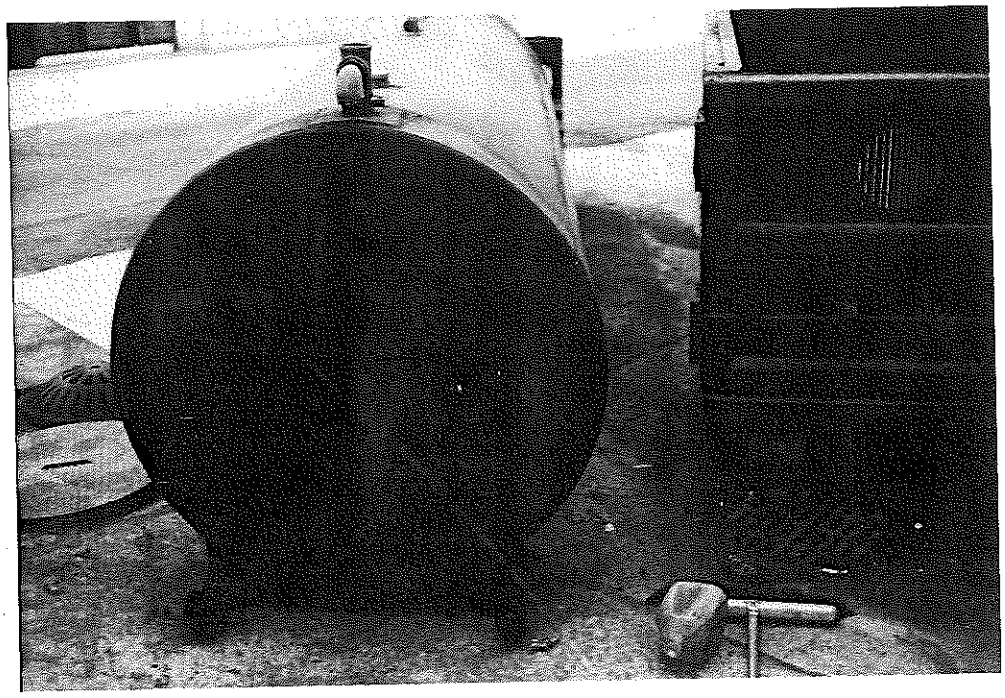
Photo No.:	7
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	NA
Photographer:	G. Artrip
Camera:	Canon GIII
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.

Photo shows drums of absorbent pads (F002) lacking dates of accumulation.

Photo No.:	8
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	NA
Photographer:	G. Artrip
Camera:	Canon GIII
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.

Silver solder drums in accumulation area.

Photo No.:	9
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	SE
Photographer:	G. Artrip
Camera:	Canon GIII
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.

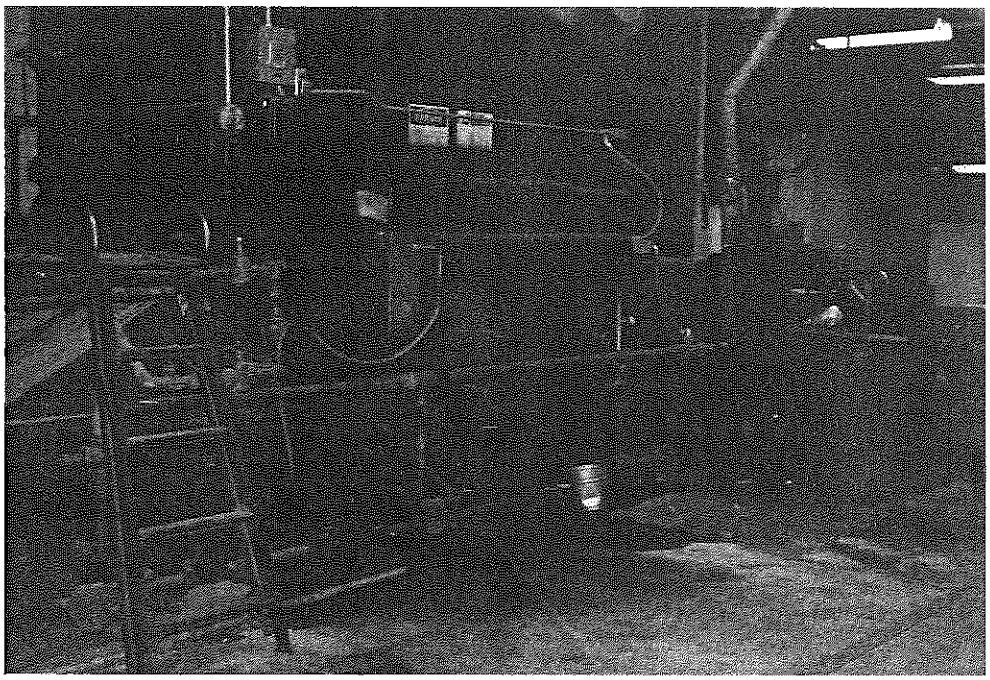


100-gal. waste oil tank near storm drain.

Photo No.:	10
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	NA
Photographer:	G. Artrip
Camera:	Canon GIII
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.

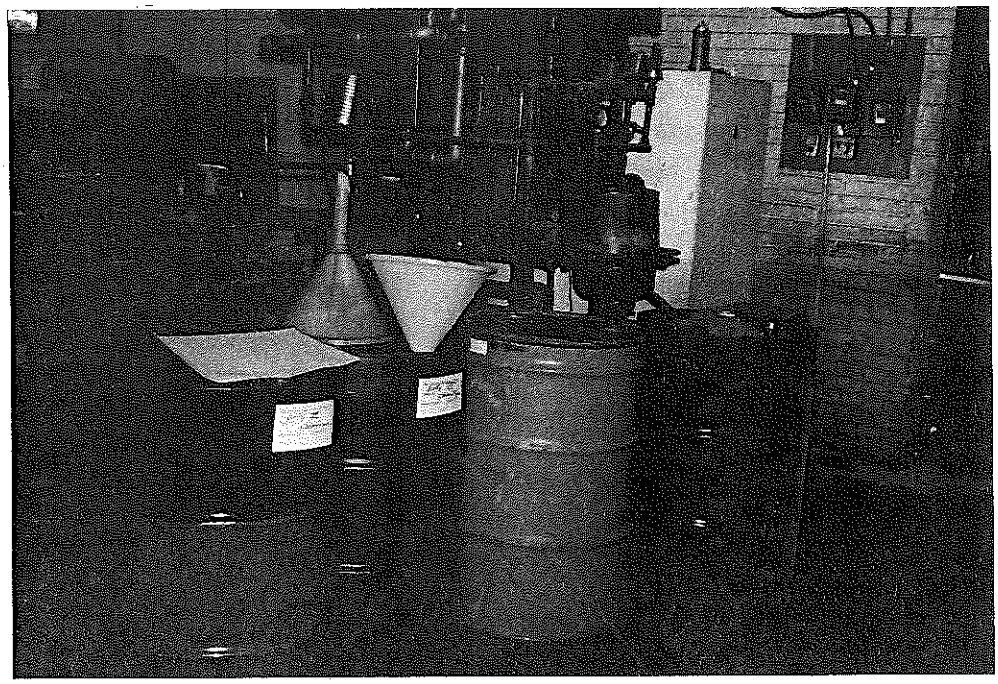
Drums of electroplating filter cake waste (F006) in satellite accumulation area. Note no dates or lids.

Photo No.:	11
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	NA
Photographer:	G. Artrip
Camera:	Canon GIII
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.



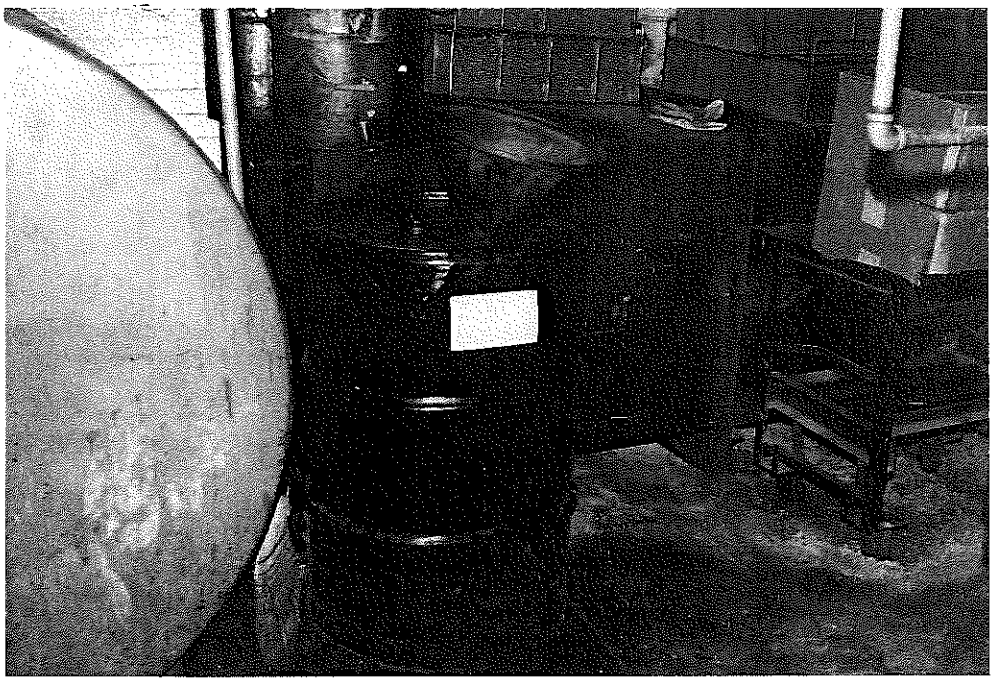
Vapor degreaser adjacent to distillation unit for trichloroethylene.

Photo No.:	12
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	NA
Photographer:	G. Artrip
Camera:	Canon GIII
Film:	Kodak ISO 200
Date:	No. 26, 1990
Time:	P.M.



1,1,1-trichloroethane satellite accumulation area. Note funnels in drums, overfilled drums, excessive accumulation with no dates.

Photo No.:	13
Facility:	Johnson Controls
Location:	Goshen, Indiana
Direction:	NA
Photographer:	G. Artrip
Camera:	Canon GIII
Film:	Kodak ISO 200
Date:	Nov. 26, 1990
Time:	P.M.



Trichloroethylene satellite accumulation area. Note funnel in drum and spillage on and around drum.

Johnson Controls, Inc.
Control Products Division
1302 East Monroe Street
Goshen, IN 46526-4297
Tel. 219/533-2111

JOHNSON CONTROLS

November 29, 1990

Gail Artrip
85 W. Algonquin Rd.
Suite 500
Arlington Heights, IL 60005

Dear Gail:

Per your telephone call November 28, 1990, I have the information inclosed:

1. Map of Johnson Controls, Inc. with hazardous waste building marked.
2. Dow Chemical USA Methyl Chloroform, and the Montreal Protocol (update).
3. Johnson Controls, Inc. Waste Analysis Plan.
4. Manifest No. MI 2131017 dated 10/19/90 with Dichloronethane as explained in section J(b) of manifest with analytical results and approval for shipping.
5. Analysis of waste oil by Safety Kleen with material survey form.

The different numbers used for the F006, F007, and F008 are as follows:

1. F006 is used for our regular wastewater treatment sludge.
2. F007 spent cyanide plating bath solution from electroplating operations, one time clean-out of cyanide plating baths.
3. F008 plating bath residues from the bottom of plating baths from electroplating operations where cyanides are used in the process as per 40 CFR261.31.

SINCERELY,

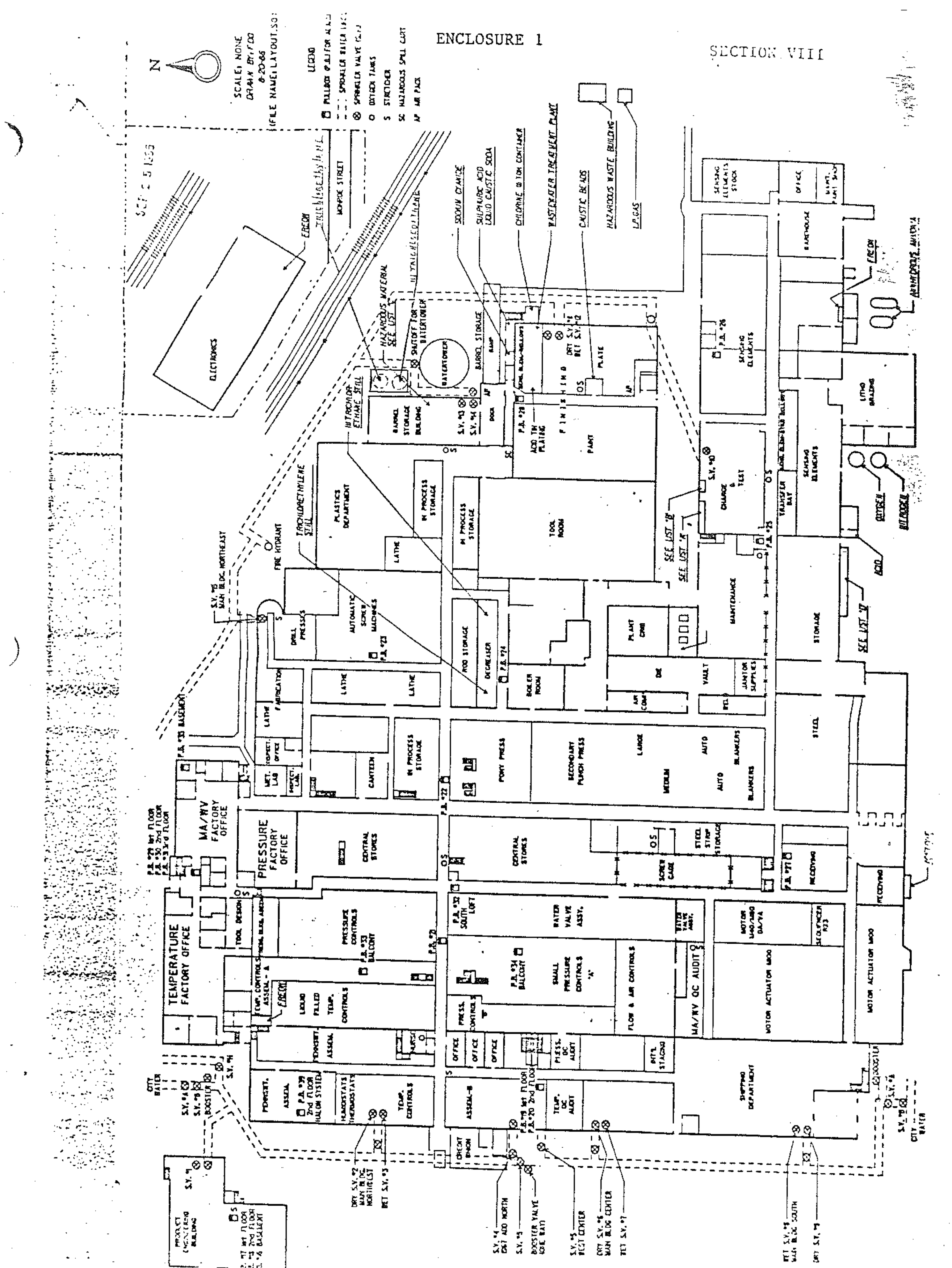
JOHNSON CONTROLS, INC.

Emery Lee Heck

Emery Lee Heck
Manufacturing Engineer

ELH:mk
eparespn

ENCLOSURE 1


N
SCALE: NONE
DRAWN BY: CD
8-20-86
FILE NAME: LAYOUT.SO3
LEGEND
PULLBOX
SPRINKLER WATER LINE
SPRINKLER VALVE
OXYGEN TANKS
S STRETCHER
SC HAZARDOUS SPILL CART
AP AIR PACK
ELECTRONICS
FREON
MONROE STREET
SODIUM CYANIDE
SULPHURIC ACID
LIQUID CAUSTIC SODA
CHLORINE
WASTEWATER TREATMENT PLANT
CAUSTIC BEADS
HAZARDOUS WASTE BUILDING
LP GAS
HAZARDOUS MATERIAL SEE LIST
SHUTOFF FOR WATERTOWER
WATERTOWER
BARREL STORAGE
BARREL STORAGE BUILDING
TRICHLORO-ETHANE STILL
TRICHLOROETHYLENE STILL
PLATE
FINISHING
PAINT
ACID TIN PLATING
DOCK
PLASTICS DEPARTMENT
IN PROCESS STORAGE
LATHE
TOOL ROOM
FIRE HYDRANT
S.V. #15 MAIN BLDG. NORTHEAST
DRILL PRESSES
AUTOMATIC SCREW MACHINES
ROD STORAGE
DEGREASER
BOILER ROOM
PLANT ENG.
DIE
VAULT
JANITOR SUPPLIES
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SENSING ELEMENTS STOCK
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WAREHOUSE
LITHO BUILDING
AMMONIA
OXYGEN
NITROGEN
ACID
CHARGE & TEST
TRANSFER BAY
STEEL
CANTEEN
MET. LAB
INSPECT. OFFICE
FABRICATION
PORT PRESS
SECONDARY PUNCH PRESS
LARGE
MEDIUM
AUTO
BLANKERS
MA/WV FACTORY OFFICE
PRESSURE FACTORY OFFICE
CENTRAL STORES
SCREW CAGE
STEEL STRIP STORAGE
RECEIVING
TEMPERATURE FACTORY OFFICE
TOOL DESIGN
PRESSURE CONTROLS
WATER VALVE ASSY.
SOUTH LOFT
MOTOR ACTUATOR MOD
SMALL PRESSURE CONTROLS
FLOW & AIR CONTROLS
MA/WV QC AUDIT
LIQUID FILLED TEMP. CONTROLS
PRESS. CONTROLS
OFFICE
PRESS. QC AUDIT
TEMP. QC AUDIT
SHIPPING DEPARTMENT
ASSEM.-B
TEMP. CONTROLS
HUMIDSTATS THERMOSTATS
HALON SYSTEM
CITY WATER
BOOSTER
PRODUCT ENGINEERING BUILDING
DRY S.V. #2 MAIN BLDG NORTHWEST
WET S.V. #3
S.V. #4 DRY ADD NORTH
S.V. #5
BOOSTER VALVE
S.V. #6 WEST CENTER
DRY S.V. #6 MAIN BLDG CENTER
WET S.V. #7
WET S.V. #8 MAIN BLDG SOUTH
DRY S.V. #9

Enclosure 3

JOHNSON CONTROLS, INC.
1302 EAST MONROE STREET
GOSHEN, IN 46526

Methods to be used at Johnson Controls, Inc. for sampling and analysis are referenced in 40 CFR 260.11. In general, a sampling plan should address these areas:

I. Name of person sampling the waste and their relationship to your facility.

II. A written description of the sampling method used to obtain a representative sample of the waste and the rationale for using this method. Use "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods", Second Edition, July, 1982, SW-846 as a guide.

III. Provide information regarding any Quality Assurance/Quality Control measures employed with the sampling method.

Specifically, each of the following details should be included in any sampling plan.

1) State the purpose or goal of the sampling program.

2) Give references such as maps or photographs of the sampling site(s) and state the dimensions of the area to be sampled.

3) Give information on the geology of the site, if applicable.

4) Give a brief description of the process generating the waste and the constituents of concern. Include any specifics and or background information concerning the waste material.

5) Specify what parameters will be tested for in the samples. Do not use general categories such as metals, organics, chlorinated solvents etc., but specify each parameter that will be tested for or each parameter that can be identified by the method used.

6) Are preliminary estimates of concentrations available? If these are available, they should be given.

7) Describe any field measurements to be taken or any testing to be done in the field.

8) Will statistical sampling strategies be used? Only in situations where the constituent approaches an action threshold limit, are statistical approaches necessary. Refer to SW-846 for information on statistical sampling.

9) Describe the type of sampling to be done (drummed waste, bag, can, tank, waste pile, lagoon, soil, well, etc.) and the physical state of the sample (aqueous, sludge, liquid, solid, etc.).

10) Will the samples be composited and if so, how will this be done? If the waste is distinctly multi-phased, compositing should not be used. Each phase should be sampled separately and contain a separate identification number. If the waste is homogeneous or stratified with no distinct phases, composite sampling may be advisable. Composite sampling of different wastes (e.g., different drums) should never be attempted.

11) Describe the numbers and volumes of samples to be taken. There are situations where taking a large number of samples may be justified even when the initial number of samples to be analyzed is expected to be small. Based upon the results of the initial number of samples analyzed, it could be determined if more samples are required for analysis. The time and cost savings of avoiding a second sampling program could more than offset the additional cost of supplies.

12) What equipment will be used for the sampling and how will it be decontaminated between samples?

13) What type(s) of containers will be used and how have these containers been prepared (cleaned)?

14) Will duplicate samples be collected and submitted for analysis? Will field blanks also be submitted for analysis?

15) How will the samples be preserved? Specify any preservatives to be added and how and when they will be added.

16) How will the chain of custody be maintained on the samples?

17) Assure that the sample holding time limits are not exceeded.

18) Give the method numbers of the analyses that the laboratory will perform and indicate which samples will be tested by each method number given. In the case of organics analysis, the laboratory should be able to list what compounds can be quantitated and provide expected detection limits.

QA DATA REQUEST

The following information should accompany all analysis of solid waste submitted to the Division of Land Pollution Control. This information is needed to substantiate the validity of the analysis.

For all samples submit the information in A, B, and C.

A) Name, address, and telephone number of each laboratory providing analysis. Also include the name of the laboratory manager or contact person.

B) Name of person sampling the waste and their relationship to your facility. A written description of the sampling method used to obtain a representative sample of the waste and the rationale for using this method. Provide information regarding any Quality Assurance/Quality Control measures employed with the sampling method. Use SW-846 as a guide.

C) A description of the process generating the waste and the constituents of concern.

For the four characteristics, submit the information requested below. When a method number is requested it must, when necessary, come from SW-846 or a copy of the method must be provided.

D001-IGNITABILITY--Provide method number and laboratory QC information such as results of duplicates and standards used to determine the characteristic of ignitability for liquids. Provide narrative of method used, rationale for use, and explanation of findings for determination of characteristic of ignitability for solids.

D002-CORROSIVITY--Provide method number and date and time of standardization of the instrument used to determine characteristic of corrosivity for liquids.
Provide narrative or number of method used, rationale for use, and explanation of findings for determination of characteristic of corrosivity for solids.

D003-REACTIVITY--Provide narrative or number of method used, rationale for use, explanation of findings, and appropriate QC data for determination of the characteristic of reactivity. Specify whether sample is solid or liquid and provide supporting analytical data. As a minimum, cyanide and sulfide analysis (totals) is required.

D004-D016 -EP Toxicity --Provide description of extractor used and a picture or accurate drawing of the extractor. An acceptable extractor is described in Method 1310 of SW-846, Second Edition, July 1982. Provide a complete description of the operating conditions and method employed. Provide a description of the filtering apparatus and the filters used. Report the initial pH, amount of acid added, solids content of original sample (80 degree C oven), volume of deionized water added for the extraction, and volume of final extract to be analyzed. Provide the method numbers of procedures used for sample preparation and analysis for metals. Provide all data pertaining to the use of the method of standard additions and any other QC measures employed to verify the precision and accuracy of results.

TOTAL METALS--Provide the method numbers of procedures used for sample preparation and analysis for metals. Provide any QA/QC data necessary to verify the precision and accuracy of results.

CYANIDE--Provide method number, QC measures and data used for analysis.

SULFIDE--Provide method number, QC measures and data used for analysis.

TOX--Provide method number and any laboratory QC measures used for analysis.

ORGANICS--Provide method numbers for sample preparation and analysis and column used for analysis. Provide any QA/QC data necessary to verify the precision and accuracy of results, including surrogate recoveries, field blanks and duplicates and lab blanks and duplicates. Also indicate the method number for introducing volatile organic compounds into the GC. Provide the same information if GC/MS is used instead of GC.

OTHER--Any other analysis submitted should contain similar information.

REFERENCE: "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods" SW-846, Second Edition, July 1982.

30-5927 234

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Enclosure 4

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Form Approved. OMB No. 2050-0039 Expires 9-30-91

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
IND 0 0 9 5 4 9 5 9 3	3 1 0 1 7		

3. Generator's Name and Mailing Address
JOHNSON CONTROLS
1302 E. MONROE STREET
GOSHEN, IN 46526 219-533-2111
4. Generator's Phone ( )

A. State Manifest Document Number MI 2131017

B. State Generator's ID

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID	D. Transporter's Phone
Great Lakes Environmental Services	M I D 0 8 7 4 7 8 5 7 4		313-758-0400

7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID	F. Transporter's Phone
Solvent Distillers, Inc.	M I D 9 8 0 6 8 4 0 8 8		313-824-5840

9. Designated Facility Name and Site Address
Petro Chem Processing
421 Lycaste
Detroit, MI 48214

10. US EPA ID Number: M I D 9 8 0 6 1 5 2 9 8

G. State Facility's ID

H. Facility's Phone: 313-824-5840

	HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	1,1,1, TRICHLOROETHANE ORM-A UN2831	012	D M	00660	G	F 0 0 2	H
b.	X	DICHLOROMETHANE ORM-A UN1593	00[redacted] 4	D M	00[redacted] 220	G	F 0 0 2	H
c.	X	(RQ) Waste Flammable Liquid, N.O.S. Flammable Liquid UN1993 (EPA Ignitability)	001	D M	00055	G	F 0 0 2	H
d.	X	ALCOHOL, N.O.S. FLAMMABLE LIQUID UN1987	003	D M	00165	G	F 0 0 3	H

J. Additional Descriptions for Materials Listed Above
a. 111 Trichloroethane Still Bottoms/Absorbant #U11003
b. Methylene Chloride/Paint Chips #U10998
c. Freon/Oil/Water #U11002
d. Waste Alcohol #U10999

K. Handling Codes for Wastes Listed Above
a/ T
b/ T
c/ T
d/ T

15. Special Handling Instructions and Additional Information
LAND BAN FORM ATTACHED

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Date Month Day Year
EMERY LEE HECK	Emery Lee Heck	1 10 1990

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Harry W. West	Harry W. West	1 10 90

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month Day Year

GENERATOR / TRANSPORTER / FACILITY

...S MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN M...AN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE ...T 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 9/88) To be mailed by Generator to: Michigan DNR Box 30038

PR 5110 Rev. 4/90

22077 Mound Rd., P.O. Box 1208, Warren, MI 48091-1208 • (313) 758-0400 • U.S. 1-800-347-8622 • Telecopier (313) 758-1129

great lakes environmental services, inc.

May 11, 1989

Mr. Lee Heck
Johnson Controls
1302 E. Monroe Street
Goshen, IN 46526

Dear Mr. Heck:

Great Lakes Environmental Services, Inc. is pleased to provide the following analytical results for the Waste Methylene Chloride received from ENSCO.

Sample #:	Tests:	Results:
LS89-87890	s.g.	1.04
	pH	7
	Btu/lb	2,021
	% Chloride	2
	Sulfide	774 ppm
	Viscosity	8
	Flashpoint °F	>140
	Compatibility	OK

Should you have any questions regarding these results, please feel free to contact your Environmental Services Coordinator.

Sincerely,

GREAT LAKES ENVIRONMENTAL SERVICES, INC.

Carol DeDeckere
Customer Service

CD/bjh

c: Ken Rippe

Enclosure #5

40918 - R2271 (RUN 11/03/89)

PREQUALIFICATION EVALUATION
CUSTOMER SURVEY

COMPLETE: 11/03/89
CONTROL#: 0047263-4
SAMPLE# : 068343

ACCEPT

safety-kleen

FLUID RECOVERY

NO ATTACHMENT

** FLUID RECOVERY **

CUSTOMER INFORMATION:

JOHNSON CONTROLS
1302 E. MONROE ST.
GOSHEN IN 46526

ATTN: LOIS WANGLER

BRANCH: 508201 MARK ZIMMERMAN COUNTY: ELKHART
NATURE OF BUSINESS: MFG OF CONTROLS
FEDERAL EPA ID: IND009549593 STATE EPA: . ID:
MANIFEST ADDRESS IS FACILITY MANIFEST TO SAFETY-KLEEN

MATERIAL: HYD. OIL/COOLANTS/WATER **PROCESS:** WASTE FROM MACHINE
VOLUME: 1500 GALS PER WEEK VOLUME ON HAND: 1500
STORAGE CAPACITY: 2000 IN BULK SHIPPING FREQUENCY: 1 WK IN BULK
COLOR: GREEN-REDDISH LAYERS: THREE PHYSICAL STATE: LIQUID VISCOSITY: LOW

MATERIAL COMPOSITION(VOL%):	CODE	MIN	MAX	TYPICAL
OIL, PETROLEUM	O	0.0		10.0
COOLANT	C	0.0		10.0
WATER	W	0.0		80.0

RESTRICTED SUBSTANCES: NONE
D.O.T. HAZARDOUS MATERIAL: CUSTOMER REQUEST ASSISTANCE
EPA HAZARDOUS WASTE: CUSTOMER REQUEST ASSISTANCE

P.O. NO: BRANCH: 508201 DATE: 10/07/89
TYPE OF SAMPLE: TANK NUMBER OF DRUMS SAMPLED: 0 TAKEN BY: SALESREP
CONTACT: LOIS WANGLER TITLE: PRODUCTION SUPERVISOR PHONE: 219-533-2111
SURVEY COMMENTS: TURN OVER TO OIL SVC IF OK. EXT. 274

CORPORATE REVIEWS:	DISPOSITION	REVIEWER	DATE
TECHNICAL:	ACCEPT	EJE	11/01/89
REGULATORY:	ACCEPT	CAP	11/01/89
OPERATING:	ACCEPT	JWH	11/01/89

HANDLING CODES: S02/T50 PRICING CODE: F2

APPROVED FACILITIES:

(654) SAFETY-KLEEN CORP
633 EAST 138TH ST
DOLTON IL 60419
FED EPA#: ILD980613913
STATE EPA#: 0310690006
TELEPHONE: 312/849-4850
IL. AUTH#: 000162

(658) SAFETY-KLEEN CORP
STATE HWY 146
NEWCASTLE KY 40050
KYD053348108
502/845-2453

APPROVED 0001053 DRUM OR BULK
DOT-EPA DESC. RQ WASTE COMBUSTIBLE LIQUID N.O.S. NA1993 (EPA F001)

COMMENTS: OK FOR HAZARDOUS WASTE WATER. FRS CAT II. NOT OK FOR OIL SVCS. LAB FOUND III IN SAMPLE.

THIS SERVES AS NOTICE PER, 40CFR264.12(B), THAT THE FACILITY(IES) NOTED ABOVE HAS THE APPROPRIATE PERMITS AND IS WILLING TO RECEIVE THE MATERIAL DESCRIBED.

SAFETY KLEEN CORP.
PREQUALIFICATION EVALUATION
MATERIAL ANALYSIS

COMPLETE: 11/03/89
CONTROL#: 0047263-4
SAMPLE# : 068343

ACCEPT

NO ATTACHMENT

FLUID RECOVERY
INSON CONTROLS

** FLUID RECOVERY **

GENERAL ANALYSIS OF TOTAL SAMPLE

COLOR	: MULTI
WATER CONTENT	: 76.3 WT%
NON-VOLATILE RESIDUE	: 14.5 WT% DESCRIPTION: OIL
FLAMMABILITY	: NO FLASH AT 142 F BY SETAFLASH
FLAMMABILITY	: NO FLASH 102 F BY SETAFLASH
PH	: DIRECT BY METER 6.6
RADIOACTIVITY	: NONE DETECTED

FUEL EVALUATION OF TOTAL SAMPLE

HEAT CONTENT:	2000 BTU/LB		ASH UPON COMBUSTION:		0.1 WT%
CHLORINE	CL:	0.1 WT%	BROMINE	BR: <	0.1 WT%
FLUORINE	F : <	0.1 WT%	SULFUR	S : <	0.1 WT%

COMMENTS: BOMBED 85/15

METALS CONTENT OF TOTAL SAMPLE (PPM): DIGEST BY: ICP

BARIUM (D005)	BA:	67	COPPER	CU:	9	IRON		FE:	69
LEAD (D008)	PB:	36	TITANIUM	TI:	1	ZINC		ZN:	60
SILICON	SI:	100	ALUMINUM	AL:	5	BORON		B :	13
MAGNESIUM	MG:	11	SODIUM	NA:	71	CALCIUM		CA:	36
MANGANESE	MN:	2	PHOSPHORUS	P :	22	SILVER (D011)	AG: <	1
ARSENIC (D004)	AS: <	1	BERYLLIUM	BE: <	1	CADMIUM (D006)	CD: <	1
CHROMIUM (D007)	CR: <	1	MERCURY (D009)	HG: <	1	POTASSIUM	K : <	1
MOLYBDENUM	MO: <	1	NICKEL	NI: <	1	ANTIMONY	SB: <	1
SELENIUM (D010)	SE: <	1	TIN	SN: <	1	THALLIUM	TL: <	1
VANADIUM	V : <	1						

GENERAL COMPOSITION:

	SPECIFIC GRAVITY	VISCOSITY (CENTIPOISE)	GENERAL COMPOSITION BY: CENTRIFUGE (VOL%)	APPEARANCE (VOL%)	TOTAL (WT %)
AQUEOUS PHASE (FREE WATER)			80.0	84.0	84.0
ORGANIC PHASE (FEEDSTOCK)			20.0	16.0	16.0
BOTTOM SLUDGE (SEMISOLIDS)			0.0	0.0	0.0
BOTTOM SOLID (SETTLED SOLIDS)			0.0	0.0	0.0
TOTAL	.970	< 50 CPS	100.0	100.0	100.0

SPECIFIC COMPOSITION OF TOTAL SAMPLE

COMPOSITION OF:	TOTAL SAMPLE (WT%)	TOTAL SAMPLE (WT%)
WATER CONTENT	76.3	76.3
NON-VOLATILE RESIDUE DESCRIPTION: OIL	14.5	14.5
VOLATILE ORGANICS BY DIFFERENCE	9.2	9.2
TOTAL	100.0	100.0

VOLATILE ORGANIC COMPOSITION OF ORGANIC PHASE BY GAS CHROMATOGRAPHY

SAMPLE PREPARATION METHODS: CS2-EXTRACT
DETECTION METHODS : FID, OTHER

COMPOUND NAME	CODE	CAS NUMBER	COMPOSITION OF: VOLATILE ORGANICS (WT%)	VOLATILE ORGANICS (WT%)	TOTAL SAMPLE (WT%)
MEDIUM ALIPHATIC HYDROCARBONS (C9-C13)	MHC	0-75-9	44.0	44.0	4.0
TRICHLOROETHANE, 1,1,1-	111	71-55-6	28.8	28.8	2.6
HEAVY ALIPHATIC HYDROCARBONS (C14-C20)	HHC	0-34-0	27.2	27.2	2.5
TOTAL			100.0	100.0	9.2

SUMMARY OF VOLATILE ORGANIC COMPOSITION BY COMPOUND CHEMICAL CLASS WT%:

ALCOHOLS	0.0	ALIPHATIC HYDROCARBONS	71.2
AROMATIC HYDROCARBONS	0.0	CHLORINATED SOLVENTS	28.8
ESTERS	0.0	ETHERS	0.0
GLYCOL ETHERS	0.0	INHIBITORS	0.0
KETONES	0.0	NITROGEN COMPOUNDS	0.0

SPECIFIC ORGANIC COMPOSITION

POLYCHLORINATED BIPHENYLS (PCBS): NONE DETECTED <

ADDITIONAL ANALYTICAL INFORMATION: VOC AQ TR 100%

COMPLETE: 11/03/89
CONTROL#: 0047263-4
SAMPLE# : 068343

ACCEPT

NO ATTACHMENT

FLUID RECOVERY
JOHNSON CONTROLS

** FLUID RECOVERY **

GENERAL ANALYSIS OF TOTAL SAMPLE

COLOR	: MULTI
WATER CONTENT	: 76.3 WT%
NON-VOLATILE RESIDUE	: 14.5 WT% DESCRIPTION: OIL
FLAMMABILITY	: NO FLASH AT 142 F BY SETAFLASH
FLAMMABILITY	: NO FLASH 102 F BY SETAFLASH
PH	: DIRECT BY METER 6.6
RADIOACTIVITY	: NONE DETECTED

FUEL EVALUATION OF TOTAL SAMPLE

HEAT CONTENT:	2000 BTU/LB	ASH UPON COMBUSTION:	0.1 WT%
CHLORINE	CL: 0.1 WT%	BROMINE	BR: < 0.1 WT%
FLUORINE	F : < 0.1 WT%	SULFUR	S : < 0.1 WT%

COMMENTS: BOMBED 85/15

METALS CONTENT OF TOTAL SAMPLE (PPM): DIGEST BY: ICP

BARIUM	(D005)	BA:	67	COPPER		CU:	9	IRON		FE:	69
LEAD	(D008)	PB:	36	TITANIUM		TI:	1	ZINC		ZN:	60
SILICON		SI:	100	ALUMINUM		AL:	5	BORON		B :	13
MAGNESIUM		MG:	11	SODIUM		NA:	71	CALCIUM		CA:	36
MANGANESE		MN:	2	PHOSPHORUS		P :	22	SILVER	(D011)	AG: <	1
ARSENIC	(D004)	AS: <	1	BERYLLIUM		BE: <	1	CADMIUM	(D006)	CD: <	1
CHROMIUM	(D007)	CR: <	1	MERCURY	(D009)	HG: <	1	POTASSIUM		K : <	1
MOLYBDENUM		MO: <	1	NICKEL		NI: <	1	ANTIMONY		SB: <	1
SELENIUM	(D010)	SE: <	1	TIN		SN: <	1	THALLIUM		TL: <	1
VANADIUM		V : <	1								

GENERAL COMPOSITION:

	SPECIFIC GRAVITY	VISCOSITY (CENTIPOISE)	GENERAL COMPOSITION BY: CENTRIFUGE (VOL%)	APPEARANCE (VOL%)	TOTAL (WT %)
AQUEOUS PHASE (FREE WATER)			80.0	84.0	84.0
ORGANIC PHASE (FEEDSTOCK)			20.0	16.0	16.0
BOTTOM SLUDGE (SEMISOLIDS)			0.0	0.0	0.0
BOTTOM SOLID (SETTLED SOLIDS)			0.0	0.0	0.0
TOTAL	.970	< 50 CPS	100.0	100.0	100.0

SPECIFIC COMPOSITION OF TOTAL SAMPLE

	COMPOSITION OF:	TOTAL SAMPLE (WT%)	TOTAL SAMPLE (WT%)
WATER CONTENT		76.3	76.3
NON-VOLATILE RESIDUE	DESCRIPTION: OIL	14.5	14.5
VOLATILE ORGANICS BY DIFFERENCE		9.2	9.2
TOTAL		100.0	100.0

VOLATILE ORGANIC COMPOSITION OF ORGANIC PHASE BY GAS CHROMATOGRAPHY

SAMPLE PREPARATION METHODS: CS2-EXTRACT
DETECTION METHODS : FID, OTHER

COMPOUND NAME	CODE	CAS NUMBER	COMPOSITION OF: VOLATILE ORGANICS (WT%)	VOLATILE ORGANICS (WT%)	TOTAL SAMPLE (WT%)
MEDIUM ALIPHATIC HYDROCARBONS (C9-C13)	MHC	0-75-9	44.0	44.0	4.0
TRICHLOROETHANE, 1,1,1-	111	71-55-6	28.8	28.8	2.6
HEAVY ALIPHATIC HYDROCARBONS (C14-C20)	HHC	0-34-0	27.2	27.2	2.5
TOTAL			100.0	100.0	9.2

SUMMARY OF VOLATILE ORGANIC COMPOSITION BY COMPOUND CHEMICAL CLASS WT%:

ALCOHOLS	0.0	ALIPHATIC HYDROCARBONS	71.2
AROMATIC HYDROCARBONS	0.0	CHLORINATED SOLVENTS	28.8
ESTERS	0.0	ETHERS	0.0
GLYCOL ETHERS	0.0	INHIBITORS	0.0
KETONES	0.0	NITROGEN COMPOUNDS	0.0

SPECIFIC ORGANIC COMPOSITION

POLYCHLORINATED BIPHENYLS (PCBS): NONE DETECTED <

ADDITIONAL ANALYTICAL INFORMATION: VOC AQ TR 100%

80918 - R2271 (RUN 11/03/89)

SAFETY-KLEEN CORP.
PREQUALIFICATION EVALUATION
MATERIAL ANALYSIS

COMPLETE: 11/03/89
CONTROL#: 0047263-4
SAMPLE# : 068343

ACCEPT
NO ATTACHMENT

LUID RECOVERY
OHNSON CONTROLS

** FLUID RECOVERY **

LABORATORY REVIEW: R
LEVEL: SEG CODE: RELEASED: 11/01/89
LAB REVIEWERS: LC LC ANALYZED: 11/01/89
HIGH WATER, LOW BTU

TRACKING INFORMATION:	DATE	FACILITY
SURVEY RECEIVED :	10/09/89	SK TECHNICAL CEN
SAMPLE RECEIVED :	10/09/89	
RESAMPLE SHIPPED :		
RESAMPLE RECEIVED:		

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP
633 EAST 138TH ST
DOLTON IL 60419

EPA ID No.: ILD980613913

Under manifest number LL 502 line number _____ (enter 11a, 11b, 11c, or 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CRF Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste type and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

EPA Waste Type: F001 (Enter F001, F002, F003, F004 or F005)

F001-F005 Solvents	TREATMENT STANDARDS (mg/1) Wastewater w/Solvents	All Other Solvent Waste	Check All That Apply
Acetone	0.05	0.59	
n-Butyl alcohol	5.0	5.0	
Carbon disulfide	1.05	4.81	
Carbon tetrachloride	.05	.96	
Chlorobenzene	.15	.05	
Cresols (and cresylic acid)	2.82	.75	
Cyclohexanone	.125	.75	
1,2-dichlorobenzene	.68	.125	
Ethyl acetate	.05	.75	
Ethyl benzene	.05	.053	
Ethyl ether	.05	.75	
Isobutanol	5.0	5.0	
Methanol	.25	.75	
Methylene chloride	.20	.96	
Methylene chloride(from pharmaceutical industry)	12.7	.96	
Methyl ethyl ketone	0.05	0.75	
Methyl isobutyl ketone	0.05	0.33	
Nitrobenzene	0.66	0.125	
Pyridine	1.12	0.33	
Tetrachloroethylene	0.079	0.05	
Toluene	1.12	0.33	
1,1,1-Trichloroethane	1.05	0.41	X
1,1,2-Trichloro - 1,2,2 trifluroethane	1.05	0.96	
Trichloroethylene	0.062	0.091	
Trichlorofluoromethane	0.05	0.96	
Xylene	0.05	0.15	

Generator Name: JOHNSON CONTROLS EPA ID: IND009549593

Generator Representative Signature: Emery Lee Heck

Name & Title of Representative: EMERY LEE HECK MANUFACTURING ENGINEER
(print or type)

S-K Sample Number: 068343 CONTROL # 0047263

BRANCH	ENVIROSYSTEMS
☒ FRS ☐ DC	☐ FUEL
☐ PC ☐ PR	☐ RECYCLE
☐ IC ☐ QC	☐ TOLLING
☐ BRESLUBE	☐ QC

OTHER _____

Safety-Kleen ®

SK Sample No: 77300

SK USE ONLY
SK Control No: _____
Date Received: _____

MATERIAL SURVEY

A. Company Name Johnson Controls EPA ID No. (Federal) IND005495913 County Elkhart

Billing Address
Street 1302 E. Monroe ST
City Goshen State IN Zip 46526

Facility Address
Street Same
City _____ State _____ Zip _____

Nature of Business Mfg of Controls S.I.C. Number _____

State ID Numbers: Illinois ID _____ Missouri ID _____ State _____ ID _____

Manifest Address: ☐ Billing Address ☒ Facility Address Manifest to: ☒ Safety-Kleen ☐ Other _____

B. Material Description H.D oil + Coolants

Process Description Waste From Machines

Volume (gal.) 1,500 / ☒ Wk ☐ Mth ☐ Qtr ☐ Yr ☐ Once

Volume on Hand (gal.) 1,000

Storage Capacity (gal.) 1,500 In ☐ Drums ☒ Bulk

Shipping Frequency WK In ☐ Drums ☒ Bulk

C. Physical Description Color Green + Tan

Layers	☐ One	☒ Two	☐ Three
Physical State	☒ Liquid	☐ Semisolid	☐ Solid
Liquid Viscosity	☒ Low	☐ Medium	☐ High

D. Material Composition (vol%)

	Min	Max	Typical
oil			10%
Coolant			10%
Water			80%
Non-volatile Material			
Settled Solids			

E. Attach material safety data sheets for material components requiring employee communication under OSHA (Ref. 29 CFR 1910.1200).
Attach any current analysis of the material. ☒ MSDS attached ☐ Analysis attached ☐ No attachments

F. Check all of the following substances which may be in the material.

	Identify if present	Amount	Units
☐ DOT Corrosives, Poisons, Forbiddens, Radioactives, Explosives, or Gases.			
☐ TSCA regulated materials (PCB, PBB, Chlorinated dibenzodioxins or furans).			
☐ Materials used exclusively as pesticides, herbicides, insecticides, etc.			
☐ OSHA carcinogens above exclusion levels (Ref. 29 CFR 1910.1001-).			
☐ Toxic components with OSHA PEL or ACGIH TLV less than 2 ppm or 8 mg/m³.			
☐ Toxic metals (Arsenic, Beryllium, Cadmium, Mercury, Selenium).			
☐ Reactive components (Sulfides, Cyanides, Shock Sensitives, Pyrophorics, etc.).			
☐ Water reactive components (Isocyanates, Acid Chlorides, Anhydrides, etc.).			
☐ Biological hazards (Pathogenics, Infectious agents, Etiologic agents, etc.).			

☒ **None of the above** ☐ Special Handling Required _____

G. DOT Hazardous Material Description (Ref. 49 CFR 172.101)
Proper Shipping Name _____
Hazard Class _____ Number _____
☐ Not DOT Hazardous Material ☒ Need assistance to determine

H. EPA Hazardous Waste Description (Ref. 40 CFR 261)
Waste Number(s) ☐ D001 ☐ D002 ☐ F001 ☐ F002 ☐ F003 ☐ F004 ☐ F005 _____ _____
Hazard Code(s) ☐ I ☐ T ☐ C ☐ R ☐ E ☐ H
☐ Not EPA Hazardous Waste ☒ Need assistance to determine

I. Safety-Kleen requires a sample and charges a fee for the qualification of all new material. Purchase Order No. _____
Type of sample: ☐ grab ☒ tank ☐ composite of ____ #drums Sample taken by ☐ Customer ☒ Safety-Kleen Representative

J. To the best of my knowledge, this is an accurate material description and the sample submitted is representative of the material.

Name MIKE STOUDER Title HAZARDOUS WASTE

Signature Mike Stouder Date 1-25-90 Phone (219)533-2111

Comments If ok For oil sucs Please ok

Sales Representative Name J McCullough Representative # 6699 Branch # 5-082-01

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND009549593
Manifest Document No.: 21[illegible]
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address:
Johnson Controls
1302 E. Monroe St.
Goshen, IN 46526 219-533-2111
4. Generator's Phone ( )

A. State Manifest Document Number: MI [illegible]
B. State Generator's ID

5. Transporter 1 Company Name: Great Lakes Environmental Services
6. US EPA ID Number: [illegible]D08747857 4
C. State Transporter's ID
D. Transporter's Phone [illegible]

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address:
Michigan Disposal
49350 N. I-94 Service Dr.
Belleville, MI 48111
10. US EPA ID Number: MID000724831
G. State Facility's ID
H. Facility's Phone

HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. X	~~(RQ) Waste Corrosive Liquid, N.O.S. Corrosive UN1760 (EPA Corrosivity)~~	001	DM	00055	G	[illegible]
b. X	WASTE CAUSTIC SLUDGE					
c.						
d.						

J. Additional Descriptions for Materials Listed Above: [illegible]
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: [illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Larry D. Martin
Signature: Larry D. Martin
Date (Month Day Year): 03 17 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Philip W. Sutton
Signature: Philip W. Sutton
Date (Month Day Year): 03 17 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date (Month Day Year)

19. Discrepancy Indication Space: Reject. Cyanide spot test indicate High Cyanide Level not indicate on Original approval. 3/19/90 TB

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Larry Martin
Signature: Larry Martin
Date (Month Day Year)

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER AT 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 9/88) To be mailed by TSD Facility to: Michigan DNR Box 30028
PR 5110 Rev. 9/88

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

5-082-01

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I N D 0 0 9 5 4 9 5 9 3
Manifest Document No.: 2 6 8 8 4
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address
JOHNSON CONTROLS
1302 E MONROE
GOSHEN IN 46526-4297

A. State Manifest Document Number: INA 0457011

B. State Generator's ID:

4. Generator's Phone (219 533-2111

5. Transporter 1 Company Name: SAFETY-KLEEN CORP.
6. Use EPA ID Number: I L D 0 5 1 0 6 0 4 0 8
C. State Transporter's ID:
D. Transporter's Phone: 219 289-4510

7. Transporter 2 Company Name:
8. Use EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: SAFETY-KLEEN CORP. 5-082-01
2217 WESTERN AVENUE
SOUTH BEND, IN 46628
10. Use EPA ID Number: I N D 0 0 0 7 1 5 4 7 4
G. State Facility's ID:
H. Facility's Phone: 219 289-4510

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE PETROLEUM NAPHTHA COMBUSTIBLE LIQUID UN1255(D001)(ERG #27)	006	DM	00475	P	D001
b.					
c.					
d. NOTICE: IN ACCORDANCE WITH 40 CFR 268.7, THE GENERATOR PROVIDES NOTICE THAT THE WASTE DESCRIBED AS 'WASTE PETROLEUM NAPHTHA' IS A RESTRICTED WASTE. THE WASTE CONTAINS THE FOLLOWING CONSTITUENTS WHOSE TREATMENT STANDARDS ARE NOTED: TOTAL HALOGENATED ORGANIC COMPOUNDS (1000 MG/L).					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information: 9027 16907941 926884 5-082-01-4068 13

EMERGENCY RESP#1-708-888-4660
SKDOT# A: 501 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name	Signature	Date (Month Day Year)
David R Hooley	David R Hooley	07 05 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
DAVE PIZGAI	Dave Pizgai	07 05 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

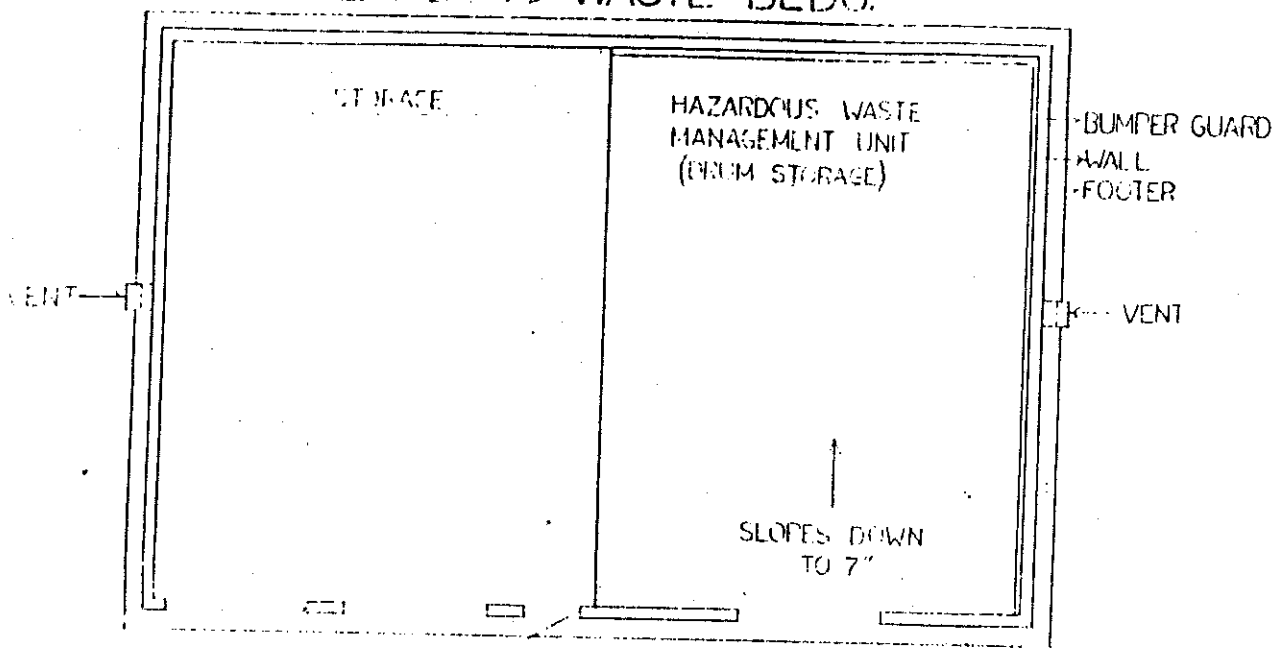
Printed/Typed Name	Signature	Date (Month Day Year)
VALERIA BETTY	Valeria Betty	

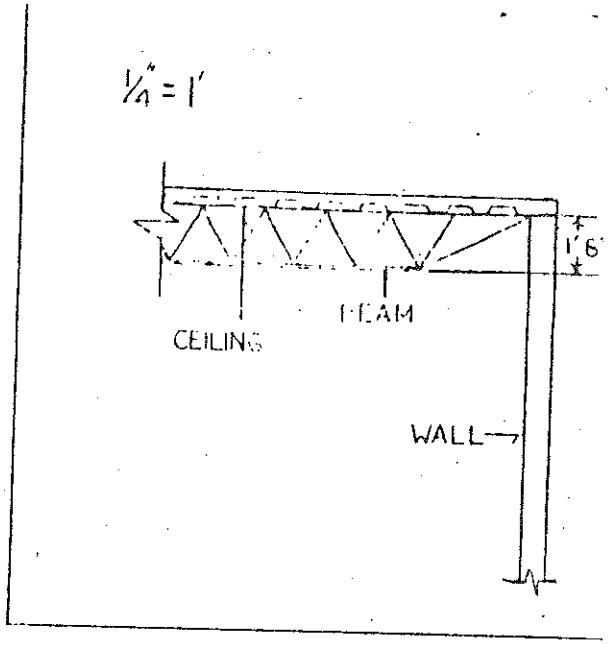
EPA Form 8700-22
Previous editions are obsolete.
State Form 11865 (R/) (90)

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

INA 0457011

HAZARDOUS WASTE BLDG.



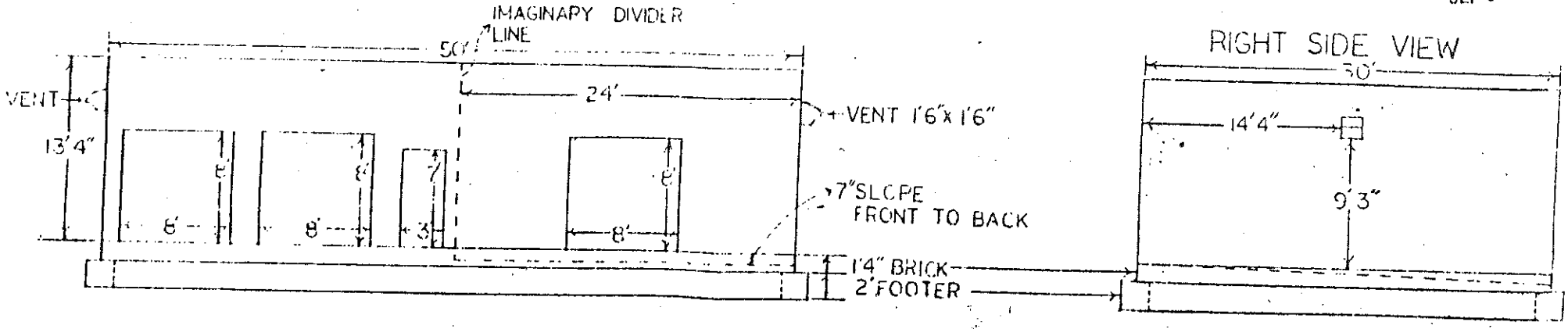


SCALE: 1/8" = 1'
DRAWN BY: R.CATRON
SEPT. 9, 1988

NORTH

HAZARD WASTE BLDG.	30'x50'	1500 SQ.FT.
STORAGE	20'x30'	780 SQ.FT.
HAZ. WASTE MAN. UNIT	24'x30'	720 SQ.FT.

SEP 9 1988



Johnson Controls Inc IND 009549593

Michigan Disposal, Inc.

Environmental Protection Facility
49350 North I-94 Service Drive
Belleville, Michigan 48111
(313) 697-7830

Date 09/12.

Approval Number: 00517 GLE

JOHNSON CONTROLS
1302 E. MONROE

GOSHEN IN 46526
Attn: MARILYN KRITZMAN

Re: Waste Disposal at MICHIGAN DISPOSAL INC.
EPA Identification Number MID000724831

Dear Sir/Madam,

This letter acknowledges the acceptability of the waste described below for treatment at our Belleville, Michigan facility.

1. General Description:
   WASTE WATER TREATMENT SLUDGE

2. EPA Waste Code: F006

3. Generator EPA Identification Number: IND009549593

4. Please refer to our approval number 00517s GLE when shipping or making any inquiries about the waste stream

PLEASE NOTE: This approval is based on information supplied to us by your company. A copy of the base information we reviewed, signed by your representative, is attached. As the generator you are responsible for the accuracy of the characterization information. If there are any errors or changes to this information please notify us immediately. Contact your transporter or broker to arrange delivery of the waste.

If you have any questions, please do not hesitate to call us at (313) 697-7830 or (313) 485-6435.

Gazi Giorgi

Gazi Giorgi
Hazardous Waste Coordinator

STATE OF INDIANA

BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER: IND095495493

XI. NAME OF FACILITY (Where your hazardous waste was sent). FACILITY'S EPA ID

ENVIRONMENTAL WASTE CONTROL INC | MID057026021

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box: 27140 PRINCETON

City Or Town: INKSTER

State: MI Zip Code: 48141

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	UNTREATED PLATING SLUDGE WITH CYANIDES	B 506 / A 22	F007	330	P T K M G L / 8.8 lbs/gal ☒ sg ☐
2					P T K M G L / lbs/gal ☐ sg ☐
3					P T K M G L / lbs/gal ☐ sg ☐
4					P T K M G L / lbs/gal ☐ sg ☐

JOHNSON CONTROLS, INC.
1302 EAST MONROE STREET
GOSHEN
GEN TSD
IND009549593

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM I: INSTALLATION IDENTIFICATION FORM

WHO MUST COMPLETE FORM I? Every site that receives this package.

INSTRUCTIONS: Please refer to the specific instructions before completing all forms. The information requested herein is required by IC 13-7-8.5-2.

I. INSTALLATION'S EPA I.D. NUMBER: I N D 0 0 9 5 4 9 5 9 3

II. NAME OF INSTALLATION: JOHNSON CONTROLS INC

III. INSTALLATION MAILING ADDRESS

Street Or P.O. Box: 1302 EAST MONROE STREET

City Or Town: GOSHEN

State: IN Zip Code: 46526

IV. LOCATION OF INSTALLATION

Street Or P.O. Box:

City Or Town:

State: Zip Code: County:

V. HAZARDOUS WASTE ACTIVITY

Mark the boxes that reflect the activities at your facility in 1989.

- [ ] Large Quantity Generator (G) generated 1,000 or more kg/month of RCRA hazardous waste
- [ ] Small Quantity Generator (SQG) generated between 100-1,000 kg/month of RCRA hazardous waste
- [ ] Conditionally Exempt Generator (CEG) generated less than 100 kg/month of RCRA hazardous waste
- [ ] Transporter (T) transported RCRA hazardous waste
- [X] Treatment, Storage or Disposal Facility (TSD) operated under interim status or a final RCRA permit
- [ ] Non handler Did not handle RCRA hazardous waste because:
  - ___ We never generated
  - ___ We are out of business
  - ___ Only excluded or delisted waste
  - ___ Occasional generator (but none in 1989)
  - ___ Other (Specify in Comments)
- [ ] RCRA Exempt treatment, recycling or disposal was conducted in RCRA exempt units

Check to see if items II, IV, & V are identical to the information in the label on Form I. If not, please indicate why in boxes below.

VI. STATUS CHANGES

☐ a. We have moved.

☐ b. We have changed ownership.

☐ c. We have changed hazardous waste activity.

** If any of the above three boxes are marked, you will need to fill out the EPA Notification of Hazardous Waste Activity Form, and return it with this packet.

☐ d. We have gone out-of-business.

☐ e. We no longer handle hazardous waste.

** If you check either of these boxes, we will deactivate your EPA ID number and you may no longer use it without renotifying U.S. EPA, Region V.

☐ f. We have changed our name (but not ownership).

VII. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE (See Table I)

(1) 3822 (2) ____ (3) ____ (4) ____

VIII. INSTALLATION CONTACT

Last Name	First Name	Phone (area code & no.)
HECK	EMERY	219 / 533 - 2111

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

EMERY LEE HECK MANUFACTURING ENGINEER — Emery Lee Heck — 2/5/90

(A.) PRINT OR TYPE NAME AND TITLE (B.) SIGNATURE (C.) DATE SIGNED

Please print or type with ELITE type (12 characters per inch).

State Form 19288R
Revised 8/89

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM F: FACILITY REPORT

WHO MUST COMPLETE FORM F? Every site that treated, stored (greater than 90 days), or disposed of RCRA hazardous waste under interim status or a final RCRA permit.

(Collected under the authority of Indiana Environmental Management Act)

XVI. GENERATOR'S NAME (specify) — **GENERATOR'S EPA ID NUMBER**

JOHNSON CONTROLS INC — IND095495593

XVII. GENERATOR'S ADDRESS

Street Or P.O. Box: 1302 EAST MONROE

City Or Town: GOSHEN — State: IN — Zip Code: 46526

XVIII. TSD FACILITY'S EPA I.D. NUMBER: IND095495593

XIX. COST ESTIMATES FOR FACILITIES This information is required on only one copy of FORM F.

A. COST ESTIMATE FOR FACILITY CLOSURE: $ 7,500.00

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE: $ .00

XX. WASTE IDENTIFICATION (See Tables II & III for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) WASTE FORM CODE / (C) HANDLING CODE*	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1					P T K M G L / ☐ lbs/gal ☐ sg
2					P T K M G L / ☐ lbs/gal ☐ sg
3					P T K M G L / ☐ lbs/gal ☐ sg
4					P T K M G L / ☐ lbs/gal ☐ sg

* See Section XX-C of instructions for wastes handled by more than one method.

XX. WASTE IDENTIFICATION (See Tables II & III for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) WASTE FORM CODE / (C) HANDLING CODE*	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) MEASUR / (G) DEN
5					P T K M G
					☐ lbs/gal ☐ sg
6					P T K M G L
					☐ lbs/gal ☐ sg
7					P T K M G L
					☐ lbs/gal ☐ sg
8					P T K M G L
					☐ lbs/gal ☐ sg

* See Section XX-C of instructions for wastes handled by more than one method.

XXI. COMMENTS

PAGE ____ OF ____

STATE OF INDIANA

BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER IND095495913

XI. NAME OF FACILITY (Where your hazardous waste was sent). **FACILITY'S EPA ID**

ASHLAND CHEMICAL — IND016216476

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box 1817 INDIANA AVENUE

City Or Town SOUTH BEND State IN Zip Code 46615

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.

List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

AMERICAN ENERGY PRODUCTS INC. IND982642142
SET ENVIRONMENTAL, INC. ILD981957236
GREAT LAKES ENVIRONMENTAL SERVICES MID087478574
SOLVENT DISTILLERS INC. MID980684088
SAFETY-KLEEN CORP. ILD051060408
ASHLAND CHEMICAL IND016621476

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1 WASTEWATER TREATMENT SLUDGE	B504			(P) T K M G L
	A75	F006	14580	10.__ [X] lbs/gal [ ] sg
2 CAUSTIC SOLUTION WITH METALS	B106			P T K M (G) L
BUT NO CYANIDES	A03	D002	7710	8.6 [X] lbs/gal [ ] sg
3 ----------				P T K M G L
				[ ] lbs/gal [ ] sg
4 ----------				P T K M G L
				[ ] lbs/gal [ ] sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) MEASU... / (G) D...
5				P T K M
				☐ lbs/gal ☐
6				P T K M G L
				☐ lbs/gal ☐ sg
7				P T K M G L
				☐ lbs/gal ☐ sg
8				P T K M G L
				☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER: I N D 0 0 9 5 4 9 5 9 3

XI. NAME OF FACILITY (Where your hazardous waste was sent): CHEM METI SERVICES

FACILITY'S EPA ID: MID 0 9 6 9 6 3 1 9 4

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box: 1850 ALLEN RD

City Or Town: WYANDOTTE

State: MI Zip Code: 48192

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)		(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	WASTEWATER TREATMENT SLUDGE	B 504 / A 7 5		F006	6000	(P) T K M G L / 10. lbs/gal ☒ sg
2	CAUSTIC SOLUTION WITH METALS BUT NO CYANIDES	B 106 / A 0 3		D002	385	P T K M (G) L / 8.6 lbs/gal ☒ sg
3						P T K M G L / lbs/gal ☐ sg
4						P T K M G L / lbs/gal ☐ sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
5					P T K M G L
					☐ lbs/gal ☐ sg
6					P T K M G L
					☐ lbs/gal ☐ sg
7					P T K M G L
					☐ lbs/gal ☐ sg
8					P T K M G L
					☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER IND095495593

XI. NAME OF FACILITY (Where your hazardous waste was sent). **FACILITY'S EPA ID**

ENVIRONMENTAL WASTE RESOURCES — ILD087157251

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box: PO BOX 1160 SOUTH BROADWAY

City Or Town: COAL CITY

State: IL Zip Code: 60416

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	WASTE OIL	B 206			P T K M (G) L
		A 54	D006	330	8.8 ☒ lbs/gal ☐ sg
2					P T K M G L
					☐ lbs/gal ☐ sg
3					P T K M G L
					☐ lbs/gal ☐ sg
4					P T K M G L
					☐ lbs/gal ☐ sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
5					P T K M G L ☐ lbs/gal ☐ sg
6					P T K M G L ☐ lbs/gal ☐ sg
7					P T K M G L ☐ lbs/gal ☐ sg
8					P T K M G L ☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER: IND 095 495 93

XI. NAME OF FACILITY (Where your hazardous waste was sent). FACILITY'S EPA ID

ENVIRONMENTAL WASTE CONTROL INC — MID 057 026 02

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box: 27140 PRINCETON

City Or Town: INKSTER State: MI Zip Code: 48141

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	UNTREATED PLATING SLUDGE WITH CYANIDES	B 506 / A 22	F007	330	P T K M G L / 8.8 lbs/gal [X] sg [ ]
2					P T K M G L / lbs/gal [ ] sg [ ]
3					P T K M G L / lbs/gal [ ] sg [ ]
4					P T K M G L / lbs/gal [ ] sg [ ]

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one / (G) DENSITY
5					P T K M G L
					☐ lbs/gal ☐ sg
6					P T K M G L
					☐ lbs/gal ☐ sg
7					P T K M G L
					☐ lbs/gal ☐ sg
8					P T K M G L
					☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER: IND095495913

XI. NAME OF FACILITY (Where your hazardous waste was sent). FACILITY'S EPA ID

SAFETY-KLEEN CORP | ILD980613913

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box: 633 EAST 18TH ST

City Or Town: DOLTON

State: IL Zip Code: 60419

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	OIL-WATER EMULSION OR MIXTURE	B 205 / A 54	F001	19000	P T K M (G) L / 8.3 ☒ lbs/gal ☐ sg
2					P T K M G L / ☐ lbs/gal ☐ sg
3					P T K M G L / ☐ lbs/gal ☐ sg
4					P T K M G L / ☐ lbs/gal ☐ sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
5				P T K M G L
				☐ lbs/gal ☐ sg
6				P T K M G L
				☐ lbs/gal ☐ sg
7				P T K M G L
				☐ lbs/gal ☐ sg
8				P T K M G L
				☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER IND095495913

XI. NAME OF FACILITY (Where your hazardous waste was sent). **FACILITY'S EPA ID**

SAFETY-KLEEN CORP — INDO0071574

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box: 2217 WESTERN AVE

City Or Town: SOUTH BEND

State: IN Zip Code: 46628

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	WASTE PETROLEUM NAPHTHA	B 204 / A 05	D001	2525	(P) T K M G L / 8.3 / [X] lbs/gal [ ] sg
2					P T K M G L / [ ] lbs/gal [ ] sg
3					P T K M G L / [ ] lbs/gal [ ] sg
4					P T K M G L / [ ] lbs/gal [ ] sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
5					P T K M G L
					☐ lbs/gal ☐ sg
6					P T K M G L
					☐ lbs/gal ☐ sg
7					P T K M G L
					☐ lbs/gal ☐ sg
8					P T K M G L
					☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER IND005495913

XI. NAME OF FACILITY (Where your hazardous waste was sent). **FACILITY'S EPA ID**

MICHIGAN DISPOSAL INC — MID007248431

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box 4934 0 N. I-94 SERVICE DR

City Or Town BELLEVILLE

State MI Zip Code 48111

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	WASTEWATER TREATMENT SLUDGE	B 504			(P) T K M G L
		A 715	F006	18700	10. ___ [X] lbs/gal [ ] sg
2					P T K M G L
					___ . ___ [ ] lbs/gal [ ] sg
3					P T K M G L
					___ . ___ [ ] lbs/gal [ ] sg
4					P T K M G L
					___ . ___ [ ] lbs/gal [ ] sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
5					P T K M G L
					☐ lbs/gal ☐ sg
6					P T K M G L
					☐ lbs/gal ☐ sg
7					P T K M G L
					☐ lbs/gal ☐ sg
8					P T K M G L
					☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER: IND 095 495 93

XI. NAME OF FACILITY (Where your hazardous waste was sent). FACILITY'S EPA ID

ENSCO INC | ARD 069 748 192

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box: AMERICAN OIL ROAD

City Or Town: ELDORADO

State: AR Zip Code: 71730

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	LABORATORY WASTE	B 001			(P) T K M G L
		A 59	D001	1013	[X] lbs/gal [ ] sg
2	METHYLENE CHLORIDE	B 204			P T K M (G) L
		A 37	F002	2365	[X] 8.3 lbs/gal [ ] sg
3	CONATHANE	B 204			P T K M (G) L
		A 37	F003	615	[X] 8.3 lbs/gal [ ] sg
4	CONATHANE AND FLOOR DRY	B 204			(P) T K M G L
		A 37	F001	1800	[X] lbs/gal [ ] sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
5				P T K M G L
				☐ lbs/gal ☐ sg
6				P T K M G L
				☐ lbs/gal ☐ sg
7				P T K M G L
				☐ lbs/gal ☐ sg
8				P T K M G L
				☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER IND095495993

XI. NAME OF FACILITY (Where your hazardous waste was sent). **FACILITY'S EPA ID**

PETRO CHEM PROCESSING — MID980612529

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box 421 LYCASTE

City Or Town DETROIT State MI Zip Code 48214

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	WASTE ALCOHOL	B 204			P T K M (G) L
		A 317	D001	880	8.3 · .816 [X] lbs/gal [X] sg
2	WASTE METHYL ETHYL KETONE	B 211			P T K M (G) L
		A 09	F005	2200	8.3 · .805 [X] lbs/gal [X] sg
3	WASTE 1,1,1, TRICHLOROETHANE	B 204			P T K M (G) L
		A 119	F002	2200	8.3 · 1.336 [X] lbs/gal [X] sg
4	WASTE TRICHLOROETHYLENE	B 204			P T K M (G) L
		A 119	F002	3740	8.3 · 1.47 [X] lbs/gal [X] sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
5	WASTE FREON	B 204			P T K M (G) L
		A 1 9	F002	9 3 5	8.3 ☒ lbs/gal ☐ sg
6	WASTE DIAZENE	B 204			P T K M (G) L
		A 3 4	D001	3 8 5	8.3 ☒ lbs/gal ☐ sg
7	FLUX AND THINNER	B 204			P T K M (G) L
		A 3 5	D001	8 8 0	8.3 ☒ lbs/gal ☐ sg
8					P T K M G L
					☐ lbs/gal ☐ sg

XV. COMMENTS

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM G: GENERATOR REPORT

WHO MUST COMPLETE FORM G? Generators of 1,000 kg per month or more of RCRA regulated hazardous waste, or more than 2.2 lbs of acute hazardous waste.

(Collected under the authority of Indiana Environmental Management Act)

X. GENERATOR'S EPA I.D. NUMBER: IND095495993

XI. NAME OF FACILITY (Where your hazardous waste was sent).: CYANOKEM

FACILITY'S EPA ID: MID098011992

XII. ADDRESS OF FACILITY (Where your hazardous waste was sent).

Street Or P.O. Box: 12345 SCHAEFER HIGHWAY

City Or Town: DETROIT

State: MI

Zip Code: 48227

XIII TRANSPORTATION SERVICES USED This information is required on only one copy of FORM G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle one) / (G) DENSITY
1	UNTREATED PLATING SLUDGE	B 506			P T K M (G) L
	WITH CYANIDES	A 2 2	F007	2970	8.8 [X] lbs/gal [ ] sg
2					P T K M G L
					[ ] lbs/gal [ ] sg
3					P T K M G L
					[ ] lbs/gal [ ] sg
4					P T K M G L
					[ ] lbs/gal [ ] sg

XIV. WASTE IDENTIFICATION (See Tables III & IV for correct codes for items B & C)

	(A) DESCRIPTION OF WASTE (45 characters or less)	(B) SOURCE CODE / (C) WASTE FORM CODE	(D) EPA HAZARDOUS WASTE CODE(S)	(E) AMOUNT OF WASTE	(F) UNIT OF MEASURE (circle on / (G) DENSITY
5					P T K M G L
					☐ lbs/gal ☐ sg
6					P T K M G L
					☐ lbs/gal ☐ sg
7					P T K M G L
					☐ lbs/gal ☐ sg
8					P T K M G L
					☐ lbs/gal ☐ sg

XV. COMMENTS

EPA I.D. #: IND009549593

NAME: JOHNSON CONTROLS, INC.

STATE OF INDIANA

BIENNIAL REPORT 1989

FORM WM: WASTE MINIMIZATION FORM

WHO MUST COMPLETE FORM WM?

SECTION A: All large quantity generators.

SECTION B: Generators that engaged in an activity that resulted in waste minimization.

A.

(1) **Did this site create or expand a source reduction program during 1988 or 1989?** [X] Yes [ ] N

(2) **Did this site create or expand a recycling program during 1988 or 1989?** [X] Yes [ ] N

(3) **Did this site conduct a source reduction and/or recycling opportunity assessment during 1988 or 1989?** [X] Yes [ ] N

(4) **Do you plan to develop on-site RCRA-exempt treatment, recycling, or disposal ?** [X] Yes [ ] N

(5) **What factors have delayed or prevented this site from implementing new source reduction activities during 1988 or 1989 ?**
(CHECK ALL THAT APPLY)

- [ ] 01 Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- [ ] 02 Lack of technical information on source reduction techniques applicable to my specific production processes.
- [ ] 03 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- [ ] 04 Concern that product quality may decline as a result of source reduction.
- [ ] 05 Technical limitations of the production processes.
- [ ] 06 Permitting burdens.
- [ ] 07 Other (Specify) _____

(6) **What factors have delayed or prevented this site from implementing on-site or off-site recycling activities during 1988 or 1989 ?**
(CHECK ALL THAT APPLY)

- [ ] 01 Insufficient capital to install new recycling equipment or implement new recycling practices.
- [ ] 02 Lack of technical information on recycling techniques applicable to this site's specific production processes.
- [ ] 03 Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- [ ] 04 Concern that product quality may decline as a result of recycling.
- [ ] 05 Requirements to manifest wastes inhibit shipments off site for recycling.
- [ ] 06 Financial liability provisions inhibit shipments off site for recycling.
- [ ] 07 Technical limitations of product processes inhibit shipments off site for recycling.
- [ ] 08 Technical limitations of production processes inhibit on-site recycling.
- [ ] 09 Permitting burdens inhibit recycling.
- [ ] 10 Lack of permitted off-site recycling facilities.
- [ ] 11 Unable to identify a market for recyclable materials.
- [ ] 12 Other (Specify) _____

NOTE: make copies of this form and fill out Section B for each hazardous waste minimized.

B.

(1) Waste Description: WASTEWATER TREATMENT SLUDGE

(2) EPA Hazardous Waste Code: F 0 0 6

(3) Source Code: A 7 5

(4) Waste Form Code: B 5 0 4

(5) a. Report year Quantity Generated: 3 9 2 8 0

b. Previous year Quantity Generated: 4 6 1 7 0

c. Unit of Measure (Circle one): (P) T K M G L

d. Density: 1 0 . [ ] [X] lbs/gal [ ] sg

(6) Activity: Select from Table V the activities which were undertaken to achieve the waste minimization results for the waste described in B(1):

W 1 3 W 5 2 W 5 4 W 4 2

(7) Toxicity: Did the activities that resulted in minimization of the waste increase the toxicity of the waste or increase the quantity or toxicity of emissions to air, water, or land? 01 [ ] Yes 02 [X] No

(8) Quantity Recycled in 1989: N A

(9) Production Index: N A . [ ]

(10) Source Reduction Quantity: 6 8 9 0

(11) Comments:

EPA I.D. #: IND009549593

NAME: JOHNSON CONTROLS, INC.

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM WM: WASTE MINIMIZATION FORM

WHO MUST COMPLETE FORM WM?

SECTION A: All large quantity generators.
SECTION B: Generators that engaged in an activity that resulted in waste minimization.

A.

(1) Did this site create or expand a source reduction program during 1988 or 1989? [X] Yes [ ] N

(2) Did this site create or expand a recycling program during 1988 or 1989? [X] Yes [ ] N

(3) Did this site conduct a source reduction and/or recycling opportunity assessment during 1988 or 1989? [X] Yes [ ] N

(4) Do you plan to develop on-site RCRA-exempt treatment, recycling, or disposal? [X] Yes [ ] N

(5) What factors have delayed or prevented this site from implementing new source reduction activities during 1988 or 1989?
(CHECK ALL THAT APPLY)

- [ ] 01 Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- [ ] 02 Lack of technical information on source reduction techniques applicable to my specific production processes.
- [ ] 03 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- [ ] 04 Concern that product quality may decline as a result of source reduction.
- [ ] 05 Technical limitations of the production processes.
- [ ] 06 Permitting burdens.
- [ ] 07 Other (Specify) _____

(6) What factors have delayed or prevented this site from implementing on-site or off-site recycling activities during 1988 or 1989?
(CHECK ALL THAT APPLY)

- [ ] 01 Insufficient capital to install new recycling equipment or implement new recycling practices.
- [ ] 02 Lack of technical information on recycling techniques applicable to this site's specific production processes.
- [ ] 03 Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- [ ] 04 Concern that product quality may decline as a result of recycling.
- [ ] 05 Requirements to manifest wastes inhibit shipments off site for recycling.
- [ ] 06 Financial liability provisions inhibit shipments off site for recycling.
- [ ] 07 Technical limitations of product processes inhibit shipments off site for recycling.
- [ ] 08 Technical limitations of production processes inhibit on-site recycling.
- [ ] 09 Permitting burdens inhibit recycling.
- [ ] 10 Lack of permitted off-site recycling facilities.
- [ ] 11 Unable to identify a market for recyclable materials.
- [ ] 12 Other (Specify) _____

NOTE: make copies of this form and fill out Section B for each hazardous waste minimized.

B.

(1) Waste Description: CAUSTIC SOLUTION WITH METALS BUT NO CYANIDE

(2) EPA Hazardous Waste Code: D 0 0 2

(3) Source Code: A 0 3

(4) Waste Form Code: B 1 0 6

(5) a. Report year Quantity Generated: 1155

b. Previous year Quantity Generated: 1865

c. Unit of Measure (Circle one): P T K M (G) L

d. Density: 10.[ ] [X] lbs/gal [ ] sg

(6) Activity: Select from Table V the activities which were undertaken to achieve the waste minimization results for the waste described in B(1):

W 0 1 W 2 2 W 4 2 W 5 1 W 6 3

(7) Toxicity: Did the activities that resulted in minimization of the waste increase the toxicity of the waste or increase the quantity or toxicity of emissions to air, water, or land? 01 [ ] Yes 02 [X] No

(8) Quantity Recycled in 1989: 1925

(9) Production Index: NA.[ ]

(10) Source Reduction Quantity: 1925

(11) Comments:

EPA I.D. #: IND009549593

NAME: JOHNSON CONTROLS, INC.

STATE OF INDIANA

BIENNIAL REPORT 1989

FORM WM: WASTE MINIMIZATION FORM

WHO MUST COMPLETE FORM WM?

SECTION A: All large quantity generators.

SECTION B: Generators that engaged in an activity that resulted in waste minimization.

A.

(1) **Did this site create or expand a source reduction program during 1988 or 1989?** [X] Yes [ ]

(2) **Did this site create or expand a recycling program during 1988 or 1989?** [X] Yes [ ]

(3) **Did this site conduct a source reduction and/or recycling opportunity assessment during 1988 or 1989?** [X] Yes [ ]

(4) **Do you plan to develop on-site RCRA-exempt treatment, recycling, or disposal?** [X] Yes [ ]

(5) **What factors have delayed or prevented this site from implementing new source reduction activities during 1988 or 1989?**
(CHECK ALL THAT APPLY)

- [ ] 01 Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- [ ] 02 Lack of technical information on source reduction techniques applicable to my specific production processes.
- [ ] 03 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- [ ] 04 Concern that product quality may decline as a result of source reduction.
- [ ] 05 Technical limitations of the production processes.
- [ ] 06 Permitting burdens.
- [ ] 07 Other (Specify) _____

(6) **What factors have delayed or prevented this site from implementing on-site or off-site recycling activities during 1988 or 1989?**
(CHECK ALL THAT APPLY)

- [ ] 01 Insufficient capital to install new recycling equipment or implement new recycling practices.
- [ ] 02 Lack of technical information on recycling techniques applicable to this site's specific production processes.
- [ ] 03 Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- [ ] 04 Concern that product quality may decline as a result of recycling.
- [ ] 05 Requirements to manifest wastes inhibit shipments off site for recycling.
- [ ] 06 Financial liability provisions inhibit shipments off site for recycling.
- [ ] 07 Technical limitations of product processes inhibit shipments off site for recycling.
- [ ] 08 Technical limitations of production processes inhibit on-site recycling.
- [ ] 09 Permitting burdens inhibit recycling.
- [ ] 10 Lack of permitted off-site recycling facilities.
- [ ] 11 Unable to identify a market for recyclable materials.
- [ ] 12 Other (Specify) _____

NOTE: make copies of this form and fill out Section B for each hazardous waste minimized.

B.

(1) Waste Description: METHYLENE CHLORIDE

(2) EPA Hazardous Waste Code: F 0 0 2

(3) Source Code: A 3 7

(4) Waste Form Code: B 2 0 4

(5) a. Report year Quantity Generated: 2 3 6 5

b. Previous year Quantity Generated: 1 6 5 0

c. Unit of Measure (Circle one): P T K M (G) L

d. Density: 8.3 [X] lbs/gal [ ] sg

(6) Activity: Select from Table V the activities which were undertaken to achieve the waste minimization results for the waste described in B(1):

W 6 0

(7) Toxicity: Did the activities that resulted in minimization of the waste increase the toxicity of the waste or increase the quantity or toxicity of emissions to air, water, or land? 01 [ ] Yes 02 [X] No

(8) Quantity Recycled in 1989:

(9) Production Index:

(10) Source Reduction Quantity:

(11) Comments:

PURCHASED BLU-SURF BURN-OFF OVEN FOR RACK AND PARTS STRIPPING.
ELIMINATED METHYLENE CHLORIDE FOR RACK STRIPPING.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-30-91
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

For Official Use Only

Comments

C C

Installation's EPA ID Number — C F — T/A C 1

Approved

Date Received (yr. mo. day)

I. Name of Installation

J O H N S O N C O N T R O L S I N C

II. Installation Mailing Address

Street or P.O. Box

C 3: 1 3 0 2 E A S T M O N R O E S T

City or Town	State	ZIP Code
C 4: G O S H E N	I N	4 6 5 2 6

III. Location of Installation

Street or Route Number

C 5: S A M E

City or Town	State	ZIP Code
C 6: S A M E		

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
C 2: H E C K E M E R Y M F G E N G R	2 1 9 5 3 3 2 1 1 1

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
C R: J O H N S O N C O N T R O L S I N C	P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☒ 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - ☒ a. Generator Marketing to Burner
  - ☐ b. Other Marketer
  - ☐ c. Burner

B. Used Oil Fuel Activities

- ☒ 6. Off-Specification Used Oil Fuel
  - ☒ a. Generator Marketing to Burner
  - ☐ b. Other Marketer
  - ☐ c. Burner
- ☒ 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation *(transporters only - enter 'X' in the appropriate box(es)*

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: I N D 0 0 9 5 4 9 5 9 3

EPA Form 8700-12 (Rev. 10-88) Previous edition is obsolete.

Continue on reverse

ID – For Official Use Only

C / W

T/A | C

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F005	F006	F007
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P106	P121	U002	U031	U080	U154
37	38	39	40	41	42
U220	U226	U227	U228	U239	
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 - 261.24)*

☒ 1. Ignitable *(D001)* ☒ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☐ 4. Toxic *(D000)*

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Emery Lee Heck	EMERY LEE HECK	2/5/90

***Estimated burden:** Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.*

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I N D 0 0 9 5 4 9 5 9 3 — Manifest Document No. 5 7 4 1 1 7

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Johnson Controls
1302 E. Monroe St.
Goshen, IN 46526 219-533-2111

4. Generator's Phone ( )

A. State Manifest Document Number MI 1757417

B. State Generator's ID

5. Transporter 1 Company Name: Great Lakes Environmental Services

6. US EPA ID Number: M I T D 0 8 7 4 7 8 5 7 4

C. State Transporter's ID

D. Transporter's Phone 313-758-0400

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Petro Chem Processing
421 Lycaste
Detroit, MI 48214

10. US EPA ID Number: M I D 0 9 8 0 6 1 5 2 9 8

G. State Facility's ID

H. Facility's Phone 313-824-5840

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a. (RQ) Waste Flammable Liquid, N.O.S. Flammable Liquid UN1993 (EPA Ignitability)	X	001	T	01625	G	F002	H
b.							
c.							
d.							

J. Additional Descriptions for Materials Listed Above
a. Freon/Oil/Water #U-11002
LAND BAN FORM ATTACHED

K. Handling Codes for Wastes Listed Above
a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: EMERY LEE HECK
Signature: Emery Lee Heck
Date: Month Day Year 10 10 1990

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Jimmy S. Simms
Signature: Jimmy S. Simms
Date: Month Day Year 10 10 1990

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Date: Month Day Year

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN M... AN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTE... AT 1-800-424-8802 24 HOURS PER DAY.

great lakes environmental services, inc.

(313) 758-0400

SERVICE RECEIPT AND LOG

Job No. 30-5727

Customer Name [illegible] Date 6-1-90

Address Goshen, In. P. O. No.

Contact Suborder/Release No.

Job Location

TERMS: Net 30 days. A Service Charge is charged on all accounts past due at current rates. ($2.00 Minimum Charge)

EQUIPMENT

TRUCK NUMBER	TYPE	START YARD TIME (AM) or PM	ARRIVAL JOB TIME (AM) or PM	DEPARTURE JOB TIME (AM) or PM	ARRIVAL DISPOSAL TIME (AM/PM)	DEPARTURE DISPOSAL TIME (AM/PM)	RETURN YARD TIME AM or PM	STRAIGHT TIME HOURS	1½ TIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS
38	Vac.	4:30	8:45	10:45							

PERSONNEL

Over-Night Per Diem

NAME	START YARD TIME (AM) or PM	ARRIVAL JOB TIME (AM) or PM	DEPARTURE JOB TIME (AM) or PM	RETURN YARD TIME AM or PM	STRAIGHT TIME HOURS	1½ TIME HOURS	DOUBLE TIME HOURS	AIR - TIME HOURS	TOTAL HOURS
J. Simms	4:30	8:45	10:45						

DISPOSAL

MANIFEST NUMBER	DISPOSAL SITE	DUMP TICKET NO.	QUANTITY	DESCRIPTION
MI1757417	Petro-Chem		1,625 Gals.	Waste Flammable Liquid

MISCELLANEOUS EQUIPMENT & MATERIALS

☐ Sorbents: ☐ Containment Boom: ☐ Drums: ☐ Misc. Equipment:

☐ Pumps: ☐ Boats: ☐ Additional Hose: Subcontractor:

☐ Disposable Safety Equipment: ☐ Roll-off Box - box no. dropped box no. picked up

Miscellaneous:

Comments: Pumped 1,625 gals. of waste flammable liquid and transported it to Great Lakes yard.

Approximately 6" of sludge is in the bottom of the tank as a result of pumping these pits.

THIS WORK HAS BEEN PERFORMED TO OUR SATISFACTION

Emery Lee Heck
Customer's Signature

Jimmy L. Simms
Operator's Signature

LAND DISPOSAL RESTRICTED AND PROHIBITED WASTE NOTICE AND CERTIFICATION

TO: Petro-chem Processing, Inc.
515 Lycaste
Detroit, MI 48214
MID 980615298

This shipment (Manifest Number: MI-1759417)contains hazardous waste or treatment residues of a hazardous waste restricted or prohibited from land disposal under 40 CFR Part 268 Subpart C or Section 3004(d) of the federal Resource Conservation and Recovery Act of 1976, as amended, 42 USC 6901 et seq ("RCRA"), as indicated by an "X" below. This notification is included with the shipment as required by 40 CFR 268.7.

1. The following wastes are restricted from land disposal unless the concentration of their hazardous constituents is below the level specified in the associated treatment standard. The treatment standard may not be exceeded by the extract of a waste or an extract of a waste treatment residual. Concentrations must be determined using the test method in 40 CFR Part 268, Appendix A. 40 CFR 268.41(a). When wastes with different treatment standards for any constituent are combined for purposes of treatment, the treatment residue must meet the lowest treatment standard for that constituent 40 CFR 268.41(b).

1A. This shipment contains the following restricted F-solvent hazardous waste:

		___ Wastewater	✓ Non-Wastewater
	Waste and Constituent	Wastewater Treatment Standard (mg/l)	Non-Wastewater Treatment Standard (mg/l)
____	Acetone (F003)	____ 0.05	____ 0.59
____	n-Butyl Alcohol (F003)	____ 5.0	____ 5.00
____	Carbon disulfide (F005)	____ 1.05	____ 4.81
____	Carbon Tetrachloride (F001)	____ 0.05	____ 0.96
____	Chlorobenzene (F002)	____ 0.15	____ 0.05
____	Cresols (and cresylic acid) (F004)	____ 2.82	____ 0.75
____	Cyclohexanone (F003)	____ 0.125	____ 0.75
____	1, 2-Dichlorobenzene (F002)	____ 0.65	____ 0.125
____	Ethyl acetate (F003)	____ 0.05	____ 0.75
____	Ethyl benzene (F003)	____ 0.05	____ 0.053
____	Ethyl ether (F003)	____ 0.05	____ 0.75
____	Isobutanol (F005)	____ 5.0	____ 5.0
____	Methanol (F003)	____ 0.25	____ 0.75

____ Methylene chloride (pharmaceutical)	See Section 2A	____ 0.96
____ Methylene chloride (F001, F002) (non-pharmaceutical)	____ 0.20	____ 0.96
____ Methyl ethyl ketone (F005)	____ 0.05	____ 0.75
____ Methyl isobutyl ketone (F003)	____ 0.05	____ 0.33
____ Nitrobenzene (F004)	____ 0.66	____ 0.125
____ Pyridine (F005)	____ 1.12	____ 0.33
____ Tetrachloroethylene (F001, F002)	____ 0.079	____ 0.05
____ Toluene (F005)	____ 1.12	____ 0.33
____ 1,1,1-Trichloroethane (F001, F002)	____ 1.05	____ 0.41
____ 1,1,2-Trichloro-1,2,2-Trifluoroethane (F002)	____ 1.05	____ 0.96
____ Trichloroethylene (F001, F002)	____ 0.062	____ 0.091
____ Trichlorofluoromethane (F002)	____ 0.05	✓ 0.96
____ Xylene (F003)	____ 0.05	____ 0.15

Source: 40 CFR 268.41(a); Table CCHE

1B. This shipment contains the following K-nonwastewater hazardous waste:

____ K051, and K052 nonwastewaters	(mg/l)
____ Arsenic	0.004
____ Chromium (Total)	1.7
____ Nickel	0.048
____ Selenium	0.025
____ K086 nonwastewaters (Solvent Washes Subcategory)	(mg/l)
____ Chromium (Total)	0.094
____ Lead	0.37

11. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that:

✓ the waste does not comply with the treatment standards specified in 40 CFR Part 268 Subpart D or an applicable prohibition set forth in 40 CFR 268.32 or RCRA Section 3004(d).

____ the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Johnson Controls Inc
NAME OF GENERATOR

IND009549593
GENERATOR IDENTIFICATION NUMBER

Emery Lee Hicks
SIGNATURE OF GENERATOR'S AUTHORIZED REPRESENTATIVE

Manufacturing Engineer
TITLE OF GENERATOR'S AUTHORIZED REPRESENTATIVE

June 1, 1990
DATE

C3048I

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

SAFETY-KLEEN CORP. STATE PRESCRIBED FORM

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS, INFECTIOUS AND SPECIAL WASTE.

NOTE: FORM DESINGED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND009549593
Manifest Document No.: 54470
2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address
JOHNSON CONTROLS INC.
1302 EAST MONROE ST.
GOSHEN, IN 46526

4. Generator's Phone (219) 533-2111

5. Transporter 1 Company Name: SET ENVIRONMENTAL, INC.
6. US EPA ID Number: ILD981957236

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designed Facility Name and Site Address
SAFETY-KLEEN CORP
633 EAST 188th ST
DOLTON, IL 60419

10. US EPA ID Number: ILD980613913

A. Illinois Manifest Document Number: IL5024470
B. Illinois Generator's ID
C. Illinois Transporter's ID
D. Transporter's Phone: 708 849-5000
E. Illinois Transporter's ID
F. Transporter's Phone
G. Illinois Facility's ID
H. Facility's Phone: 708 849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ WASTE COMBUSTIBLE LIQUID N.O.S. NA 1993 (EPA F001)	001	TT	04900	G
b.				
c.				
d.				

Comments to Driver

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

Gallons Cubic Yards

15. Special Handling Instructions and Additional Information

PROPER SHIPPING NAME OR DESCRIPTION HAZARD CLASS NUMBER

DOT-E 8408

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: EMORY LEE HECK
Signature: Emory Lee Heck
Date: Month Day Year 06 15 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: WALTER L. MERRILL
Signature: Walt L Merrill
Date: Month Day Year 06 15 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date: Month Day Year

19. Discrepancy Indication Space

Loading

ARRIVAL DEPARTURE TOTAL ARRIVAL DEPARTURE TOTAL

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name
Signature
Date: Month Day Year

In case of a spill call the Illinois Office of Emergency Response at 217/782-3637 and the National Response Center at 800/424-8802 or 202/426-2675.

COPY 6. GENERATOR COPY

SET Environmental, Inc.
450 Sumac Road Wheeling, Illinois 60090
312/537-9221 ILD981957236

Order Date
Schedule Date 1/15/90
Driver Kutah
Tractor 6320 Trailer T-70
USEPA ID# IND 009549593
IL GEN# 9180391[illegible]
Shipping Address

GENERATOR/SHIPPER

Company JOHNSON CONTROL
Address 1302 E. MONROE
GOSHEN IND.
Phone 219-533-2111 Contact LEE PETERSON PO# 41298

TREATMENT/DISPOSAL FACILITY

Name SAFETY-KLEEN
633 E. 138th ST.
Address DOLTON, IL. 60419

USEPA ID# ILD980613903
IL SITE# 0310690006
Phone 312-849-4850
Date & Time Scheduled

Comments to Driver DIRECTION ARE IN BOOK

S #	# OF UNIT	TYPE OF UNIT(S)	VOLUME	WASTE NAME	SET NO.	TSDF'S AUTH. NO.	STATE AUTH. NO.
1	1	TT	~~5000~~ 1900	OIL 2111 TRY			
2							
3							
4							

S #	PROPER SHIPPING NAME OR DESCRIPTION	HAZARD CLASS	UN or NA NUMBER	USEPA HAZ. I.D.#
1	RQ Waste Combustible Liquid N.O.S	Combustible	NA 1993	F001
2				
3				
4				

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation; and I understand that I am responsible for any costs incurred due to non-compliance of these regulations.

Signature [illegible] Date 15 Jan 90 Manifest No. IL-5024470

Loading 6:45A (ARRIVAL) 7:45A (DEPARTURE) 1 hr (TOTAL) Unloading ____ ARRIVAL ____ DEPARTURE ____ TOTAL ____ DATE

Comments From Driver

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP
633 EAST 138TH ST
DOLTON IL 60419

EPA ID No.: ILD980613913

Under manifest number TL5024470 line number 11a (enter 11a, 11b, 11c, or 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CRF Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste type and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

EPA Waste Type: F001 (Enter F001, F002, F003, F004 or F005)

F001-F005 Solvents	TREATMENT STANDARDS (mg/1) Wastewater w/Solvents	All Other Solvent Waste	Check All That Apply
Acetone	0.05	0.59	
n-Butyl alcohol	5.0	5.0	
Carbon disulfide	1.05	4.81	
Carbon tetrachloride	.05	.96	
Chlorobenzene	.15	.05	
Cresols (and cresylic acid)	2.82	.75	
Cyclohexanone	.125	.75	
1,2-dichlorobenzene	.68	.125	
Ethyl acetate	.05	.75	
Ethyl benzene	.05	.053	
Ethyl ether	.05	.75	
Isobutanol	5.0	5.0	
Methanol	.25	.75	
Methylene chloride	.20	.96	
Methylene chloride(from pharmaceutical industry)	12.7	.96	
Methyl ethyl ketone	0.05	0.75	
Methyl isobutyl ketone	0.05	0.33	
Nitrobenzene	0.66	0.125	
Pyridine	1.12	0.33	
Tetrachloroethylene	0.079	0.05	
Toluene	1.12	0.33	
1,1,1-Trichloroethane	1.05	0.41	X
1,1,2-Trichloro - 1,2,2 trifluroethane	1.05	0.96	
Trichloroethylene	0.062	0.091	
Trichlorofluoromethane	0.05	0.96	
Xylene	0.05	0.15	

Generator Name: JOHNSON CONTROLS EPA ID: IND009549593

Generator Representative Signature: Emery Lee Heck

Name & Title of Representative: EMERY LEE HECK MANUFACTURING ENGINEER
(print or type)

S-K Sample Number: 068343 CONTROL # 0047263

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP
STATE HWY 146
NEWCASTLE KY 40050

EPA ID No.: KYD053348108

Under manifest number IL 5024470 line number 11a (enter 11a, 11b, 11c, or 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CRF Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste type and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

EPA Waste Type: F001 (Enter F001, F002, F003, F004 or F005)

F001-F005 Solvents	TREATMENT STANDARDS (mg/1) Wastewater w/Solvents	All Other Solvent Waste	Check All That Apply
Acetone	0.05	0.59	
n-Butyl alcohol	5.0	5.0	
Carbon disulfide	1.05	4.81	
Carbon tetrachloride	.05	.96	
Chlorobenzene	.15	.05	
Cresols (and cresylic acid)	2.82	.75	
Cyclohexanone	.125	.75	
1,2-dichlorobenzene	.68	.125	
Ethyl acetate	.05	.75	
Ethyl benzene	.05	.053	
Ethyl ether	.05	.75	
Isobutanol	5.0	5.0	
Methanol	.25	.75	
Methylene chloride	.20	.96	
Methylene chloride(from pharmaceutical industry)	12.7	.96	
Methyl ethyl ketone	0.05	0.75	
Methyl isobutyl ketone	0.05	0.33	
Nitrobenzene	0.66	0.125	
Pyridine	1.12	0.33	
Tetrachloroethylene	0.079	0.05	
Toluene	1.12	0.33	
1,1,1-Trichloroethane	1.05	0.41	X
1,1,2-Trichloro - 1,2,2 trifluroethane	1.05	0.96	
Trichloroethylene	0.062	0.091	
Trichlorofluoromethane	0.05	0.96	
Xylene	0.05	0.15	

Generator Name: JOHNSON CONTROLS EPA ID: IND009549593

Generator Representative Signature: Emery Heideck

Name & Title of Representative: EMERY LEE HECK MANUFACTURING ENGINEER
(print or type)

S-K Sample Number: 068343 CONTROL # 0047263

(RUN 11/03/89)

PREQUALIFICATION EVALUATION
CUSTOMER SURVEY

COMPLETE: 11/03/89
CONTROL#: 0047263-4
SAMPLE# : 068343

safety-kleen

A C C E P T

FLUID RECOVERY

NO ATTACHMENT

* * F L U I D R E C O V E R Y * *

CUSTOMER INFORMATION:

JOHNSON CONTROLS
1302 E. MONROE ST.
GOSHEN IN 46526

ATTN: LOIS WANGLER

BRANCH: 508201 MARK ZIMMERMAN COUNTY: ELKHART
NATURE OF BUSINESS: MFG OF CONTROLS
FEDERAL EPA ID: IND009549593 STATE EPA: . ID:
MANIFEST ADDRESS IS FACILITY MANIFEST TO SAFETY-KLEEN

MATERIAL: HYD. OIL/COOLANTS/WATER **PROCESS:** WASTE FROM MACHINE
VOLUME: 1500 GALS PER WEEK VOLUME ON HAND: 1500
STORAGE CAPACITY: 2000 IN BULK SHIPPING FREQUENCY: 1 WK IN BULK
COLOR: GREEN-REDDISH LAYERS: THREE PHYSICAL STATE: LIQUID VISCOSITY: LOW

MATERIAL COMPOSITION(VOL%):	CODE	MIN	MAX	TYPICAL
OIL, PETROLEUM	O	0.0		10.0
COOLANT	C	0.0		10.0
WATER	W	0.0		80.0

RESTRICTED SUBSTANCES: NONE
D.O.T. HAZARDOUS MATERIAL: CUSTOMER REQUEST ASSISTANCE
EPA HAZARDOUS WASTE: CUSTOMER REQUEST ASSISTANCE

P.O. NO: BRANCH: 508201 DATE: 10/07/89
TYPE OF SAMPLE: TANK NUMBER OF DRUMS SAMPLED: 0 TAKEN BY: SALESREP
CONTACT: LOIS WANGLER TITLE: PRODUCTION SUPERVISOR PHONE: 219-533-2111
SURVEY COMMENTS: TURN OVER TO OIL SVC IF OK. EXT. 274

CORPORATE REVIEWS:	DISPOSITION	REVIEWER	DATE
TECHNICAL:	ACCEPT	EJE	11/01/89
REGULATORY:	ACCEPT	CAP	11/01/89
OPERATING:	ACCEPT	JWH	11/01/89

HANDLING CODES: SO2/T50 PRICING CODE: F2

APPROVED FACILITIES:

(654) SAFETY-KLEEN CORP
633 EAST 138TH ST
DOLTON IL 60419
FED EPA#: ILD980613913
STATE EPA#: 0310690006
TELEPHONE: 312/849-4850
IL. AUTH#: 000162

(658) SAFETY-KLEEN CORP
STATE HWY 146
NEWCASTLE KY 40050
KYD053348108
502/845-2453

APPROVED 0001053 DRUM OR BULK
DOT-EPA RQ WASTE COMBUSTIBLE LIQUID N.O.S.
DESC. NA1993 (EPA F001)

COMMENTS: OK FOR HAZARDOUS WASTE WATER. FRS CAT II. NOT OK FOR OIL SVCS. LAB FOUND III IN SAMPLE.

THIS SERVES AS NOTICE PER, 40CFR264.12(B), THAT THE FACILITY(IES) NOTED ABOVE HAS THE APPROPRIATE PERMITS AND IS WILLING TO RECEIVE THE MATERIAL DESCRIBED.

80918 - R227 (RUN 11/03/89)

SAFETY KLEEN CORP.
PREQUALIFICATION EVALUATION
MATERIAL ANALYSIS

COMPLETE: 11/03/89
CONTROL#: 0047263-4
SAMPLE# : 068343

ACCEPT
NO ATTACHMENT

FLUID RECOVERY
JOHNSON CONTROLS

** FLUID RECOVERY **

GENERAL ANALYSIS OF TOTAL SAMPLE

COLOR	: MULTI
WATER CONTENT	: 76.3 WT%
NON-VOLATILE RESIDUE	: 14.5 WT% DESCRIPTION: OIL
FLAMMABILITY	: NO FLASH AT 142 F BY SETAFLASH
FLAMMABILITY	: NO FLASH 102 F BY SETAFLASH
PH	: DIRECT BY METER 6.6
RADIOACTIVITY	: NONE DETECTED

FUEL EVALUATION OF TOTAL SAMPLE

HEAT CONTENT:	2000 BTU/LB	ASH UPON COMBUSTION:	0.1 WT%
CHLORINE	CL: 0.1 WT%	BROMINE	BR: < 0.1 WT%
FLUORINE	F : < 0.1 WT%	SULFUR	S : < 0.1 WT%

COMMENTS: BOMBED 85/15

METALS CONTENT OF TOTAL SAMPLE (PPM): DIGEST BY: ICP

BARIUM	(D005)	BA:	67	COPPER		CU:	9	IRON		FE:	69
LEAD	(D008)	PB:	36	TITANIUM		TI:	1	ZINC		ZN:	60
SILICON		SI:	100	ALUMINUM		AL:	5	BORON		B :	13
MAGNESIUM		MG:	11	SODIUM		NA:	71	CALCIUM		CA:	36
MANGANESE		MN:	2	PHOSPHORUS		P :	22	SILVER	(D011)	AG: <	1
ARSENIC	(D004)	AS: <	1	BERYLLIUM		BE: <	1	CADMIUM	(D006)	CD: <	1
CHROMIUM	(D007)	CR: <	1	MERCURY	(D009)	HG: <	1	POTASSIUM		K : <	1
MOLYBDENUM		MO: <	1	NICKEL		NI: <	1	ANTIMONY		SB: <	1
SELENIUM	(D010)	SE: <	1	TIN		SN: <	1	THALLIUM		TL: <	1
VANADIUM		V : <	1								

GENERAL COMPOSITION:

	SPECIFIC GRAVITY	VISCOSITY (CENTIPOISE)	GENERAL COMPOSITION BY: CENTRIFUGE (VOL%)	APPEARANCE (VOL%)	TOTAL (WT %)
AQUEOUS PHASE (FREE WATER)			80.0	84.0	84.0
ORGANIC PHASE (FEEDSTOCK)			20.0	16.0	16.0
BOTTOM SLUDGE (SEMISOLIDS)			0.0	0.0	0.0
BOTTOM SOLID (SETTLED SOLIDS)			0.0	0.0	0.0
TOTAL	.970	< 50 CPS	100.0	100.0	100.0

SPECIFIC COMPOSITION OF TOTAL SAMPLE

COMPOSITION OF:	TOTAL SAMPLE (WT%)	TOTAL SAMPLE (WT%)
WATER CONTENT	76.3	76.3
NON-VOLATILE RESIDUE DESCRIPTION: OIL	14.5	14.5
VOLATILE ORGANICS BY DIFFERENCE	9.2	9.2
TOTAL	100.0	100.0

VOLATILE ORGANIC COMPOSITION OF ORGANIC PHASE BY GAS CHROMATOGRAPHY

SAMPLE PREPARATION METHODS: CS2-EXTRACT
DETECTION METHODS : FID, OTHER

COMPOUND NAME	CODE	CAS NUMBER	COMPOSITION OF: VOLATILE ORGANICS (WT%)	VOLATILE ORGANICS (WT%)	TOTAL SAMPLE (WT%)
MEDIUM ALIPHATIC HYDROCARBONS (C9-C13)	MHC	0-75-9	44.0	44.0	4.0
TRICHLOROETHANE, 1,1,1-	111	71-55-6	28.8	28.8	2.6
HEAVY ALIPHATIC HYDROCARBONS (C14-C20)	HHC	0-34-0	27.2	27.2	2.5
TOTAL			100.0	100.0	9.2

SUMMARY OF VOLATILE ORGANIC COMPOSITION BY COMPOUND CHEMICAL CLASS WT%:

ALCOHOLS	0.0	ALIPHATIC HYDROCARBONS	71.2
AROMATIC HYDROCARBONS	0.0	CHLORINATED SOLVENTS	28.8
ESTERS	0.0	ETHERS	0.0
GLYCOL ETHERS	0.0	INHIBITORS	0.0
KETONES	0.0	NITROGEN COMPOUNDS	0.0

SPECIFIC ORGANIC COMPOSITION

POLYCHLORINATED BIPHENYLS (PCBS): NONE DETECTED <

ADDITIONAL ANALYTICAL INFORMATION: VOC AQ TR 100%

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP
633 EAST 138TH ST
DOLTON IL 60419

EPA ID No.: ILD980613913

Under manifest number _____ line number _____ (enter 11a, 11b, 11c, or 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CRF Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste type and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

EPA Waste Type: F001 (Enter F001, F002, F003, F004 or F005)

F001-F005 Solvents	TREATMENT STANDARDS (mg/l) Wastewater w/Solvents	All Other Solvent Waste	Check All That Apply
Acetone	0.05	0.59	
n-Butyl alcohol	5.0	5.0	
Carbon disulfide	1.05	4.81	
Carbon tetrachloride	.05	.96	
Chlorobenzene	.15	.05	
Cresols (and cresylic acid)	2.82	.75	
Cyclohexanone	.125	.75	
1,2-dichlorobenzene	.68	.125	
Ethyl acetate	.05	.75	
Ethyl benzene	.05	.053	
Ethyl ether	.05	.75	
Isobutanol	5.0	5.0	
Methanol	.25	.75	
Methylene chloride	.20	.96	
Methylene chloride(from pharmaceutical industry)	12.7	.96	
Methyl ethyl ketone	0.05	0.75	
Methyl isobutyl ketone	0.05	0.33	
Nitrobenzene	0.66	0.125	
Pyridine	1.12	0.33	
Tetrachloroethylene	0.079	0.05	
Toluene	1.12	0.33	
1,1,1-Trichloroethane	1.05	0.41	X
1,1,2-Trichloro - 1,2,2 trifluroethane	1.05	0.96	
Trichloroethylene	0.062	0.091	
Trichlorofluoromethane	0.05	0.96	
Xylene	0.05	0.15	

Generator Name: JOHNSON CONTROLS EPA ID: IND009549593

Generator Representative Signature: Emery Lee Heck

Name & Title of Representative: EMERY LEE HECK MANUFACTURING ENGINEER
(print or type)

S-K Sample Number: 068343 CONTROL # 0047283

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP
STATE HWY 146
NEWCASTLE KY 40050

EPA ID No.: KYD053348108

Under manifest number _____ line number _____ (enter 11a, 11b, 11c, or 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CRF Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste type and the appropriate treatment standards (from Table CCWE of 40 CFR 268.41) are as follows:

EPA Waste Type: F001 (Enter F001, F002, F003, F004 or F005)

F001-F005 Solvents	TREATMENT STANDARDS (mg/l) Wastewater w/Solvents	All Other Solvent Waste	Check All That Apply
Acetone	0.05	0.59	
n-Butyl alcohol	5.0	5.0	
Carbon disulfide	1.05	4.81	
Carbon tetrachloride	.05	.96	
Chlorobenzene	.15	.05	
Cresols (and cresylic acid)	2.82	.75	
Cyclohexanone	.125	.75	
1,2-dichlorobenzene	.68	.125	
Ethyl acetate	.05	.75	
Ethyl benzene	.05	.053	
Ethyl ether	.05	.75	
Isobutanol	5.0	5.0	
Methanol	.25	.75	
Methylene chloride	.20	.96	
Methylene chloride(from pharmaceutical industry)	12.7	.96	
Methyl ethyl ketone	0.05	0.75	
Methyl isobutyl ketone	0.05	0.33	
Nitrobenzene	0.66	0.125	
Pyridine	1.12	0.33	
Tetrachloroethylene	0.079	0.05	
Toluene	1.12	0.33	
1,1,1-Trichloroethane	1.05	0.41	X
1,1,2-Trichloro - 1,2,2 trifluroethane	1.05	0.96	
Trichloroethylene	0.062	0.091	
Trichlorofluoromethane	0.05	0.96	
Xylene	0.05	0.15	

Generator Name: JOHNSON CONTROLS EPA ID: IND009549593

Generator Representative Signature: Emery Heck

Name & Title of Representative: EMERY LEE HECK MANUFACTURING ENGINEER
(print or type)

S-K Sample Number: 068343 CONTROL # 0047283

DNR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IND009549593
Manifest Document No.: 32854
2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address: JOHNSON CONTROLS - IN, 1302 E. MONROE ST., GOSHEN, IN 46526
4. Generator's Phone: 219-533-2111

A. State Manifest Document Number: MI 2132854

B. State Generator's ID:

5. Transporter 1 Company Name: Great Lakes Environmental Services
6. US EPA ID Number: MID087478574

C. State Transporter's ID:

D. Transporter's Phone: 313-758-0400

7. Transporter 2 Company Name: Solvent Distillers, Inc.
8. US EPA ID Number: MID980684088

E. State Transporter's ID:

F. Transporter's Phone: 313-824-5840

9. Designated Facility Name and Site Address: Petro Chem Processing, 421 Lycaste, Detroit, MI 48214
10. US EPA ID Number: MID980615298

G. State Facility's ID:

H. Facility's Phone: 313-824-5840

	HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X	WASTE TRICHLOROETHYLENE UN1710 ORM-A	018	DM	00990	G	F001	H
b.	X	WASTE 111 TRICHLOROETHYLENE ORM-A UN2831	018	DM	~~00880~~ 00990 ERH	G	F002	H
c.	X	WASTE METHYL ETHYL KETONE UN1193 FLAMMABLE	002	DM	00110	G	F005	H
d.	X	WASTE ALCOHOL, N.O.S. FLAMMABLE UN1987	005	DM	00275	G	F003	H

J. Additional Descriptions for Materials Listed Above
a. APPROVAL #U11001 LAND BAN FORM ATTACHED
b. APPROVAL #U11003
c. APPROVAL #U11004
d. APPROVAL #U10999

K. Handling Codes for Wastes Listed Above
a/ /
b/ /
c/ /
d/ /

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: EMERY LEE HECK
Signature: Emery Lee Heck
Date (Month Day Year): 082890

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: William R. Lyon
Signature: William R. Lyon
Date (Month Day Year): 082890

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date (Month Day Year):

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Date (Month Day Year):

(Left margin: GENERATOR / TRANSPORTER / FACILITY)

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 9/88)

To be mailed by Generator to Michigan DNR

PR 5110

LAND DISPOSAL RESTRICTED AND PROHIBITED WASTE NOTICE AND CERTIFICATION

TO: Petro-chem Processing, Inc.
515 Lycaste
Detroit, MI 48214
MID 980615298

This shipment (Manifest Number: MI2132854)contains hazardous waste or treatment residues of a hazardous waste restricted or prohibited from land disposal under 40 CFR Part 268 Subpart C or Section 3004(d) of the federal Resource Conservation and Recovery Act of 1976, as amended, 42 USC 6901 et seq ("RCRA"), as indicated by an "X" below. This notification is included with the shipment as required by 40 CFR 268.7.

1. The following wastes are restricted from land disposal unless the concentration of their hazardous constituents is below the level specified in the associated treatment standard. The treatment standard may not be exceeded by the extract of a waste or an extract of a waste treatment residual. Concentrations must be determined using the test method in 40 CFR Part 268, Appendix A. 40 CFR 268.41(a). When wastes with different treatment standards for any constituent are combined for purposes of treatment, the treatment residue must meet the lowest treatment standard for that constituent 40 CFR 268.41(b).

1A. This shipment contains the following restricted F-solvent hazardous waste:

		___ Wastewater	✓ Non-Wastewater
	Waste and Constituent	Wastewater Treatment Standard (mg/l)	Non-Wastewater Treatment Standard (mg/l)
___	Acetone (F003)	___ 0.05	___ 0.59
✓	n-Butyl Alcohol (F003)	___ 5.0	✓ 5.00
___	Carbon disulfide (F005)	___ 1.05	___ 4.81
___	Carbon Tetrachloride (F001)	___ 0.05	___ 0.96
___	Chlorobenzene (F002)	___ 0.15	___ 0.05
___	Cresols (and cresylic acid) (F004)	___ 2.82	___ 0.75
___	Cyclohexanone (F003)	___ 0.125	___ 0.75
___	1, 2-Dichlorobenzene (F002)	___ 0.65	___ 0.125
___	Ethyl acetate (F003)	___ 0.05	___ 0.75
___	Ethyl benzene (F003)	___ 0.05	___ 0.053
___	Ethyl ether (F003)	___ 0.05	___ 0.75
___	Isobutanol (F005)	___ 5.0	___ 5.0
___	Methanol (F003)	___ 0.25	___ 0.75

____ Methylene chloride (pharmaceutical)	See Section 2A	____ 0.96
____ Methylene chloride (F001, F002) (non-pharmaceutical)	____ 0.20	____ 0.96
✓ Methyl ethyl ketone (F005)	____ 0.05	✓ 0.75
____ Methyl isobutyl ketone (F003)	____ 0.05	____ 0.33
____ Nitrobenzene (F004)	____ 0.66	____ 0.125
____ Pyridine (F005)	____ 1.12	____ 0.33
____ Tetrachloroethylene (F001, F002)	____ 0.079	____ 0.05
____ Toluene (F005)	____ 1.12	____ 0.33
✓ 1,1,1-Trichloroethane (F001, F002)	____ 1.05	✓ 0.41
____ 1,1,2-Trichloro-1,2,2-Trifluoroethane (F002)	____ 1.05	____ 0.96
✓ Trichloroethylene (F001, F002)	____ 0.062	✓ 0.091
____ Trichlorofluoromethane (F002)	____ 0.05	____ 0.96
____ Xylene (F003)	____ 0.05	____ 0.15

Source: 40 CFR 268.41(a); Table CCWE

1B. This shipment contains the following K-nonwastewater hazardous waste:

____ K051, and K052 nonwastewaters	(mg/l)
____ Arsenic	0.004
____ Chromium (Total)	1.7
____ Nickel	0.048
____ Selenium	0.025
____ K086 nonwastewaters (Solvent Washes Subcategory)	(mg/l)
____ Chromium (Total)	0.094
____ Lead	0.37

11. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that:

✓ the waste does not comply with the treatment standards specified in 40 CFR Part 268 Subpart D or an applicable prohibition set forth in 40 CFR 268.32 or RCRA Section 3004(d).

____ the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Johnson Controls Inc
NAME OF GENERATOR

IND009549593
GENERATOR IDENTIFICATION NUMBER

Emery Lee Heck
SIGNATURE OF GENERATOR'S AUTHORIZED REPRESENTATIVE

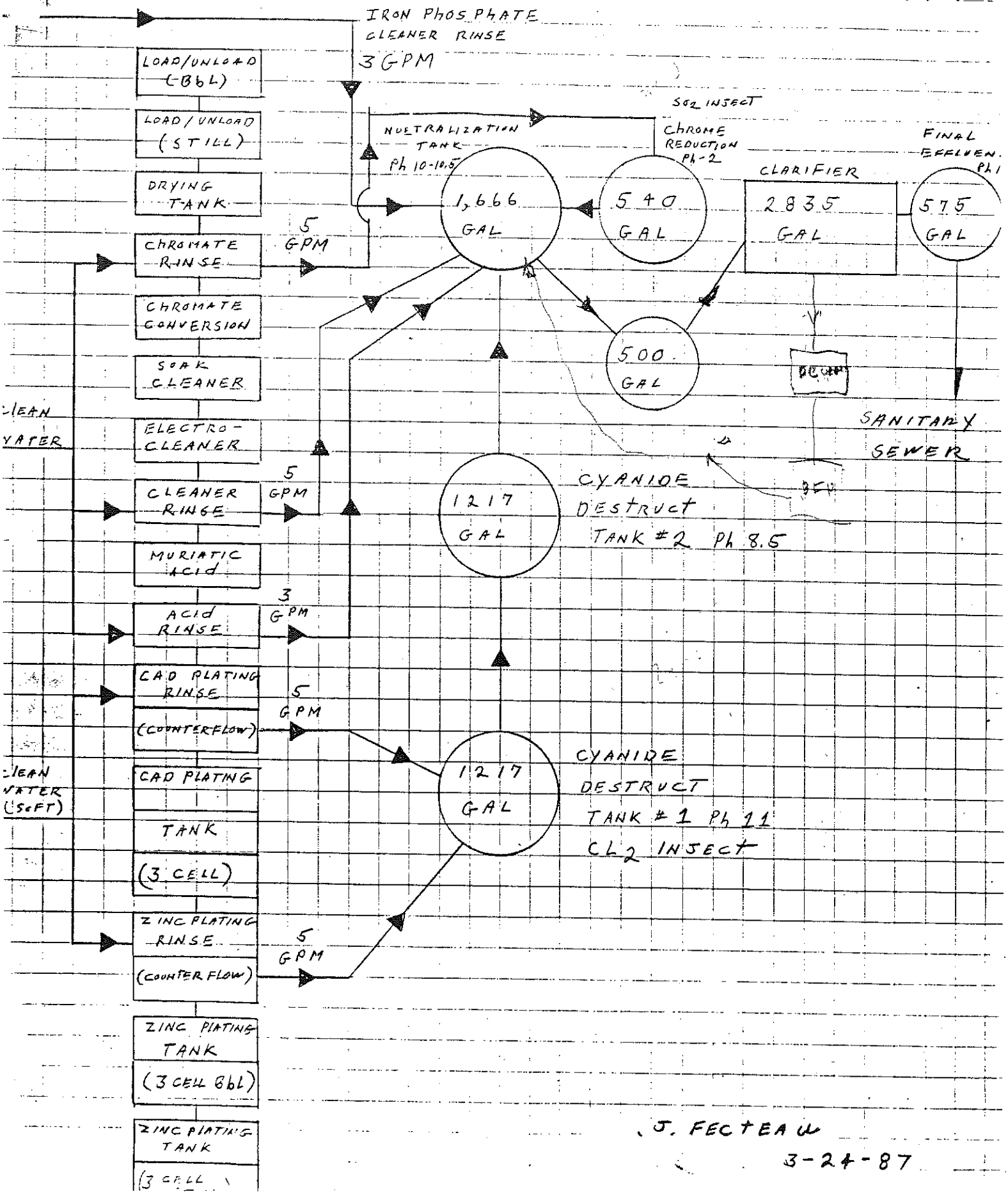
Manufacturing Engineer
TITLE OF GENERATOR'S AUTHORIZED REPRESENTATIVE

8/28/90
DATE

C3048I

Automatic Plating Line
(Barrel and Still)
Micho-Processor controlled

Treatment System
(Continuous Batch Type)



J. Fecteau

3-24-87

DNR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

DO NOT WRITE IN THIS SPACE
ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

Required under authority of Act 64, P.A. 1979, as amended and Act 136, P.A. 1969.

Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Please print or type

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. I N D 0 0 9 5 4 9 5 9 3 — Manifest Document No. 5 7 3 7 7

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Johnson Controls
1302 E. Monroe
Goshen, IN 46526 219-533-2111

4. Generator's Phone ( )

A. State Manifest Document Number: MI 1757377

B. State Generator's ID:

5. Transporter 1 Company Name: Great Lakes Environmental Services
6. US EPA ID Number: M I D 0 8 7 4 7 8 5 7 4

C. State Transporter's ID:

D. Transporter's Phone: 313-758-0400

7. Transporter 2 Company Name: Solvent Distillers, Inc.
8. US EPA ID Number: M I D 9 8 0 6 8 4 0 8 8

E. State Transporter's ID:

F. Transporter's Phone: 313-824-5840

9. Designated Facility Name and Site Address
Petro Chem Processing
421 Lycaste
Detroit, MI 48214
10. US EPA ID Number: M I D 9 8 0 6 1 5 2 9 8

G. State Facility's ID:

H. Facility's Phone: 313-824-5840

	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER). HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	N/H
a.	X Waste Trichloroethylene ORM-A UN1710	009	D M	00495	G	F 0 0 1	H
b.	X Waste 1,1,1 trichloroethane Stills ORM-A UN2831	010	D M	00550	G	F 0 0 2	H
c.	X ~~Waste Dichloromethane ORM-A UN1593~~		D M		G	F 0 0 2	H
d.	X WaSte Alcohol Flammable UN1987	002	D M	00110	G	F 0 0 3	H

J. Additional Descriptions for Materials Listed Above
a. #U11001
b. #U11003
c. #U10998
d. #U10999 LAND BAN FORM ATTACHED

K. Handling Codes for Wastes Listed Above
a/
b/
c/
d/

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: EMERY LEE HECK
Signature: Emery Lee Heck
Date: Month 05 Day 14 Year 90

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ronald W Sobkowiak
Signature: Ronald W Sobkowiak
Date: Month 05 Day 14 Year 90

18. Transporter 2 Acknowledgement or Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Date: Month Day Year

ALL 4 COPIES MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN M. IN AT 1-800-292-4706 OR OUT OF STATE AT 517-373-7660 AND THE NATIONAL RESPONSE CENTER, 1-800-424-8802 24 HOURS PER DAY.

EPA Form 8700-22 (Rev. 9/88)

PR 5110
Rev. 3/88

LAND DISPOSAL RESTRICTED AND PROHIBITED WASTE NOTICE AND CERTIFICATION

TO: Petro-chem Processing, Inc.
515 Lycaste
Detroit, MI 48214
MID 980615298

This shipment (Manifest Number: MI-1767377)contains hazardous waste or treatment residues of a hazardous waste restricted or prohibited from land disposal under 40 CFR Part 268 Subpart C or Section 3004(d) of the federal Resource Conservation and Recovery Act of 1976, as amended, 42 USC 6901 et seq ("RCRA"), as indicated by an "X" below. This notification is included with the shipment as required by 40 CFR 268.7.

1. The following wastes are restricted from land disposal unless the concentration of their hazardous constituents is below the level specified in the associated treatment standard. The treatment standard may not be exceeded by the extract of a waste or an extract of a waste treatment residual. Concentrations must be determined using the test method in 40 CFR Part 268, Appendix A. 40 CFR 268.41(a). When wastes with different treatment standards for any constituent are combined for purposes of treatment, the treatment residue must meet the lowest treatment standard for that constituent 40 CFR 268.41(b).

1A. This shipment contains the following restricted F-solvent hazardous waste:

	___ Wastewater	✓ Non-Wastewater
Waste and Constituent	Wastewater Treatment Standard (mg/l)	Non-Wastewater Treatment Standard (mg/l)
___ Acetone (F003)	___ 0.05	✓ 0.59
___ n-Butyl Alcohol (F003)	___ 5.0	✓ 5.00
___ Carbon disulfide (F005)	___ 1.05	___ 4.81
___ Carbon Tetrachloride (F001)	___ 0.05	___ 0.96
___ Chlorobenzene (F002)	___ 0.15	___ 0.05
___ Cresols (and cresylic acid) (F004)	___ 2.82	___ 0.75
___ Cyclohexanone (F003)	___ 0.125	___ 0.75
___ 1, 2-Dichlorobenzene (F002)	___ 0.65	___ 0.125
___ Ethyl acetate (F003)	___ 0.05	___ 0.75
___ Ethyl benzene (F003)	___ 0.05	___ 0.053
___ Ethyl ether (F003)	___ 0.05	___ 0.75
___ Isobutanol (F005)	___ 5.0	___ 5.0
___ Methanol (F003)	___ 0.25	___ 0.75

____ Methylene chloride (pharmaceutical)	See Section 2A	____ 0.96
____ Methylene chloride (F001, F002) (non-pharmaceutical)	____ 0.20	✓ 0.96
____ Methyl ethyl ketone (F005)	____ 0.05	____ 0.75
____ Methyl isobutyl ketone (F003)	____ 0.05	____ 0.33
____ Nitrobenzene (F004)	____ 0.66	____ 0.125
____ Pyridine (F005)	____ 1.12	____ 0.33
____ Tetrachloroethylene (F001, F002)	____ 0.079	____ 0.05
____ Toluene (F005)	____ 1.12	____ 0.33
____ 1,1,1-Trichloroethane (F001, F002)	____ 1.05	✓ 0.41
____ 1,1,2-Trichloro-1,2,2-Trifluoroethane (F002)	____ 1.05	____ 0.96
____ Trichloroethylene (F001, F002)	____ 0.062	✓ 0.091
____ Trichlorofluoromethane (F002)	____ 0.05	____ 0.96
____ Xylene (F003)	____ 0.05	____ 0.15

Source: 40 CFR 268.41(a); Table CCWE

1B. This shipment contains the following K-nonwastewater hazardous waste:

____ K051, and K052 nonwastewaters	(mg/l)
____ Arsenic	0.004
____ Chromium (Total)	1.7
____ Nickel	0.048
____ Selenium	0.025
____ K086 nonwastewaters (Solvent Washes Subcategory)	(mg/l)
____ Chromium (Total)	0.094
____ Lead	0.37

11. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that:

✓ the waste does not comply with the treatment standards specified in 40 CFR Part 268 Subpart D or an applicable prohibition set forth in 40 CFR 268.32 or RCRA Section 3004(d).

____ the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Johnson Controls, Inc
NAME OF GENERATOR

IND 009549593
GENERATOR IDENTIFICATION NUMBER

Emery Lee Heck
SIGNATURE OF GENERATOR'S AUTHORIZED REPRESENTATIVE

Manufacturing Engineer
TITLE OF GENERATOR'S AUTHORIZED REPRESENTATIVE

5/4/90
DATE

C3048I

STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 9583 Little Rock, Arkansas 72219
Telephone 501-562-7444

1

Please print or type. *(Form designed for use on elite (12-pitch) typewriter.)*

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I ND 0 0 9 5 4 9 5 9 3 3 5 1 3 1
Manifest Document No.:
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Johnson Controls
1302 E. Monroe St.
Goshen, IN 46526 219-533-2111
4. Generator's Phone ( )

A. State Manifest Document Number: AR- 435131
B. State Generator's ID:

5. Transporter 1 Company Name: Great Lakes Environmental Services
6. US EPA ID Number: M I D 0 8 7 4 7 8 5 7 4
C. State Transporter's ID: PC 1011 H321
D. Transporter's Phone: 313-758-0400

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID: PC H
F. Transporter's Phone:

9. Designated Facility Name and Site Address
Ensco, Inc.
American Oil Rd.
ElDorado, AR 71730
10. US EPA ID Number: A R D 0 6 9 7 4 8 1 9 1 2
G. State Facility's ID:
H. Facility's Phone: 501-863-7173

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Sodium Cyanide Solid Poison B UN1689	011	D M	1650	P	P106
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. Cyanide Tank Waste #122762
Land Ban Form Attached TA-2470 H
if no alternate TSDF, return to generator

K. Handling Codes for Wastes Listed Above

EMERGENCY RESPONSE INFORMATION:
In Case of Emergency contact:
Keith Olsen 313-758-0400

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations and Arkansas state regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR

Printed/Typed Name: Larry D MARTIN
Signature: Larry D Martin
Month Day Year: 10 3 20 90

17. Transporter 1 Acknowledgement of Receipt of Materials

TRANSPORTER

Printed/Typed Name: RONALD R. NIEPORTE
Signature: Ron Nieporte
Month Day Year: 10 3 20 90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name:
Signature:
Month Day Year:

19. Discrepancy Indication Space

FACILITY

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Ruth Hocks
Signature: Ruth Hocks
Month Day Year: 10 3 20 90

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

NOTICE: THE ORIGINAL AND NOT LESS THAN TWO (2) COPIES MUST MOVE WITH THE HAZARDOUS WASTE SHIPMENT. ONCE DELIVERED, THE TREAT-

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved. OMB No. 158-S79018
GSA No. 0246-EPA-OT

1H

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

IND009549593

593

PLEASE PLACE LABEL IN THIS SPACE

001157 AUG 20 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

ATTACH A

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A 21 | C | 800818

I. NAME OF INSTALLATION

JOHNSON CONTROLS INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 1302 E MONROE STREET

CITY OR TOWN | ST. | ZIP CODE

4 GOSHEN | IN | 46526

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN | ST. | ZIP CODE

6 SAME

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

7 LEEDY STANLEY POLL CONTR ENGR | 219-533-2111

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 JOHNSON CONTROLS INC.

ATTACH A

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IND009549593

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

DEC 18 1980

CONTINUE ON REVERSE

FOR OFFICIAL USE ONLY

W | IND009549593 | 2 | 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F005	F006	F017

7	8	9	10	11	12
F018					

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18

19	20	21	22	23	24

25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P106	P121	U002	U154	U159	U220

37	38	39	40	41	42
U226	U228	U239			

43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
H. A. Mihm	H. A. Mihm, Operations Manager	8/12/80

DETACH

Please print or type in the unshaded areas only
(fill–in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

I N D 0 0 9 5 4 9 5 9 3

FACILITY NAME

V. FACILITY MAILING ADDRESS

FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

... ation carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill–in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill–in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). ...

	x	
x		
x		
	x	
	x	

	x	
	x	
	x	
	x	
	x	

JOHNSON CONTROLS INC

LEEDY STANLEY POLL. CONTROL ENG. 219 533 2111

1302 E MONROE STREET

GOSHEN IN 46526

1302 E MONROE STREET

ELKHART

GOSHEN IN 46526

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

3822 (specify) Measuring & Controlling Devices - Environmental Controls

(specify)

(specify)

(specify)

VIII. OPERATOR INFORMATION

A. NAME

HARRY A MIHM

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL M = PUBLIC (other than federal or state) S = STATE C = OTHER (specify) P = PRIVATE

P (specify)

D. PHONE (area code & no.)

219 533 2111

1302 E MONROE ST.

GOSHEN IN 46526 ☒

IN 0000761

20-09-82-0525

(specify)

(specify)

Manufacturer and Distributor of Automatic Control devices - Principle processes are machining, stamping, molding, plating, painting, automatic and manual light assembly.

A. NAME & OFFICIAL TITLE (type or print)

Harold L. Brooks

B. SIGNATURE

Harold L. Brooks

C. DATE SIGNED

EPA Form 3510-1 (6-80) REVERSE

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

EPA HAZARDOUS WASTE PERMIT APPLICATION

RCRA

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F T N D 0 0 9 5 4 9 5 9 3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

- [X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*
- [ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*: C 8 — YR. 74 — MO. 12 — DAY 28

FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN: YR. — MO. — DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

- [ ] 1. FACILITY HAS INTERIM STATUS
- [ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (Specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	~~1500~~	~~G~~	
2	S 0 2	1100	G	
3	~~T 0 4~~	~~55,000~~	~~U~~	
4	S 0 1	31	Y	

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
5				
6	S 0 1	~~20~~	~~Y~~	
7				
8				
9				
10				

Continued from the front.

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

The following is a brief description of our Treatment System for treating Electroplating Waste.

a. Cyanide - Rinses are treated in a flow through batch two tank system. Chlorine gas is injected into a 1100 gal. tank at a PH of 11, elapsed time in this tank is 3.9 hours. Waters then flow to second 1100 gal. tank where PH is dropped to 8.2 - 8.5, elapsed time in second tank is 3.9 hours, waters then flow to a neutralization tank.

b. Chromic Acid - Rinses are treated in a flow through batch two tank system. Sulfur Dioxide gas is injected into a 700 Gal. tank at a PH of two, elapsed time in this tank is 3.9 hours. Waters then flow to second 700 gal. tank where the PH is raised to 8.2 - 8.5, elapsed time in second tank is 3.9 hours. Waters then flow to a neutralization tank.

c. Neutralization - Tank capacity is 7000 gal. and PH is controlled at 8.2 - 8.5 elasped time in tank is 4.8 hours. Waters flow from neutralization tank to a deep bed filter. (All other biodegradable rinses flow directly into this tank)

d. Deep Bed Filter Uses 15 micron filter paper with automatic paper advance. Paper and sludge

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter one other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	X 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W

FOR OFFICIAL USE ONLY: W DUP T/A 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F001	13,000	P	S01	Disposed of by Licensed Transporter
2	F002	21,800	P	S01	Disposed of by Licensed Transporter
3	F003	3,625	P	S02	Disposed of by Licensed Transporter
4	F005	18,810	P	S02	Disposed of by Licensed Transporter
5	F006	12,350	P	S01	Disposed of by Licensed Transporter
6	F017	8,000	P	S01	Disposed of by Licensed Transporter
7	P106	NONE	P		Totally Destroyed in Plating Wast Treatment System
8	P121	NONE	P		Totally Destroyed in Plating Wast Treatment System
9	U002	362	P	S02	Disposed of by Licensed Transporter
10	U154	11,610	P	S02	Disposed of by Licensed Transporter
11	U159	6,700	P	S02	Disposed of by Licensed Transporter
12	U220	500	P	S02	Disposed of by Licensed Transporter
13	U226	19,440	P	S01	Disposed of by Licensed Transporter
14	U228	13,000	P	S01	Disposed of by Licensed Transporter
15	U239	3,625	P	S02	Disposed of by Licensed Transporter
16	U229	2,360	P	S01	Disposed of by Licensed Transporter
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F | I N D 0 0 9 5 4 9 5 9 3 | T/A | C 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
41 34 44	87 48 40

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E JOHNSON CONTROLS, INC.	414-276-9200

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 507 E. Michigan St.	G Milwaukee	WI	53201

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Harold L. Brooks	Harold L. Brooks	3/12/82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Harry A. Mihm	Harry A. Mihm	3/12/82

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER: F I N D 0 0 9 5 4 9 5 9 3 (T/A) 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

☐ 2. NEW FACILITY *(Complete item below.)*

C 8 — FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP (T/A) 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	10,560	G		7				
2					8				
3					9				
4					10				

CONTINUE ON REVERSE

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

RODUCTS

IN, IND.

ly Layout)

AREA NO. 4 – WASTE WATER TREATMENT SYETEM (IN BASEMENT) OF PAINT & PLATE BUILDING. TWO (2) 700 GAL. TANKS FOR CHROME REDUCTION, TWO(2) 1100 GAL TANKS FOR CYANIDE DESTRUCTION, ONE 700 GAL TANK FOR pH STABILIZATION AND ONE (1) DEEP BED FILTER (IONICAN) PRIOR TO DISCHARGE TO SANITARY SEWER (40'x40') 1600 SQ. FT.

LAND . . . . . 12.8 ACRES

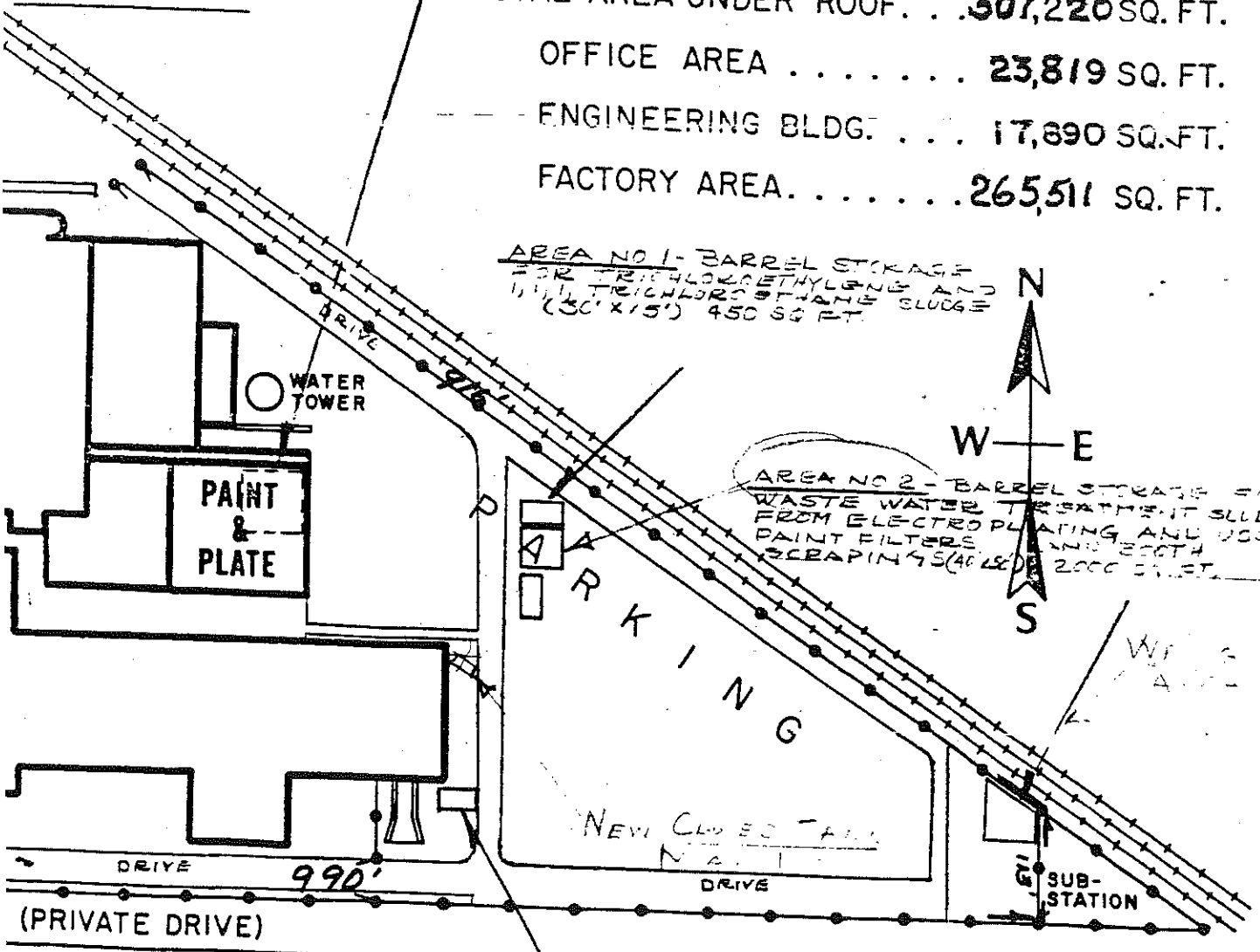
TOTAL AREA UNDER ROOF. . . 307,220 SQ. FT.

OFFICE AREA . . . . . 23,819 SQ. FT.

ENGINEERING BLDG. . . . 17,890 SQ. FT.

FACTORY AREA. . . . . 265,511 SQ. FT.

AREA NO 1 - BARREL STORAGE FOR TRICHLOROETHYLENE AND 1,1,1, TRICHLOROETHANE SLUDGE (30'x15') 450 SQ FT



AREA NO 3 - TANK STORAGE FOR USED M.E.K., XYLENE, METHYL ALCOHOL, AND OILS (20'x15') 300 SQ FT.

No Longer Used

PLOT PLAN DATE

1-26-68

J 4M

5-1-74

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA HAZARDOUS WASTE PERMIT APPLICATION

ENVIRONMENTAL PROTECTION AGENCY

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F I N D 0 0 9 5 4 9 5 9 3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*: C 8 | YR. 7 4 | MO. 0 1 | DAY 0 2

FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN: YR. | MO. | DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
[illegible] (barrel, drum, etc.)	S01	GALLONS OR LITERS
[illegible]	S02	GALLONS OR LITERS
[illegible]	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
[illegible]	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR OR GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A 3 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	5,1 1500 000	G	
2	S 0 2	1100 000	G	
3	T 0 4	35,000 000	U	
4	S 0 1	31 000	G	
5				
6	S 0 1	200 000	G	
7				
8				
9				
10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

The following is a brief description of our Treatment System for treating Electroplating Waste.

a. Cyanide - Rinses are treated in a flow through batch two tank system. Chlorine gas is injected into a 1100 gal. tank at a PH of 11, elapsed time in this tank is 3.9 hours. Waters then flow to second 1100 gal. tank where PH is dropped to 8.2 - 8.5, elapsed time in second tank is 3.9 hours, waters then flow to a neutralization tank.

b. Chromic Acid - Rinses are treated in a flow through batch two tank system. Sulfur Dioxide gas is injected into a 700 Gal. tank at a PH of two, elapsed time in this tank is 3.9 hours. Waters then flow to second 700 gal. tank where the PH is raised to 8.2 - 8.5, elapsed time in second tank is 3.9 hours. Waters then flow to a neutralization tank.

c. Neutralization - Tank capacity is 7000 gal. and PH is controlled at 8.2 - 8.5 elasped time in tank is 4.8 hours. Waters flow from neutralization tank to a deep bed filter. (All other biodegradable rinses flow directly into this tank)

d. Deep Bed Filter Uses 15 micron filter paper with automatic paper advance. Paper and sludge are stored in barrels. Waters flow directly to City sanitary sewer.

e. Treatment system design capability is 50,000 gal/day.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

[illegible]

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

CONTINUE ON PAGE 3

EPA I.D. NO. (enter from page 1) T N D 0 0 9 5 4 9 5 9 3

FOR OFFICIAL USE

DUP DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1).)
1	F 0 0 1	13,000 000	P	S 0 1	Disposed of by Licensed Transporter
2	F 0 0 2	21,800 000	P	S 0 1	Disposed of by Licensed Transporter
3	F 0 0 3	3,625 000	P	S 0 2	Disposed of by Licensed Transporter
4	F 0 0 5	18,810 000	P	S 0 2	Disposed of by Licensed Transporter
5	F 0 0 6	12,350 000	P	S 0 1	Disposed of by Licensed Transporter
6	F 0 1 7	8,000 000	P	S 0 1	Disposed of by Licensed Transporter
7	~~P 1 0 6~~	~~NONE~~	P		Totally Destroyed in Plating Wast Treatment System
8	~~P 1 2 1~~	~~NONE~~	P		Totally Destroyed in Plating Wast Treatment System
9	U 0 0 2	362 000	P	S 0 2	Disposed of by Licensed Transporter
	U 154	11,610 000	P	S 0 2	Disposed of by Licensed Transporter
	U 159	6,700 000	P	S 0 2	Disposed of by Licensed Transporter
	U 2 2 0	500 000	P	S 0 2	Disposed of by Licensed Transporter
	U 2 2 6	19,440 000	P	S 0 1	Disposed of by Licensed Transporter
14	U 2 2 8	13,000 000	P	S 0 1	Disposed of by Licensed Transporter
15	U 2 3 9	3,625 000	P	S 0 2	Disposed of by Licensed Transporter
16	~~U 2 2 9~~	~~2,360 000~~	P	S 0 1	Disposed of by Licensed Transporter
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

F WID 0 0 9 5 4 9 5 9 3 3 6

V. FACILITY DRAWING

F/a A155

F/a A156

VII. FACILITY LOCATION

4 3 34 44 | 85 48 40

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E JOHNSON CONTROLS, INC.	414-276-9200

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 507 E. Michigan St.	G Milwaukee	WI	53201

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Harold L. Brooks	Harold L. Brooks	10-27-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Harry A. Mihm	H. A. Mihm	10/27/80

CONTINUE ON PAGE 5

Johnson Contr[illegible] Inc.
1302 East Mor[illegible] Street
Goshen, IN 46526
Tel. 219/533-2111

1C1b

SEP 12 9 03 AM '88

OFF[illegible]
AN[illegible]
WAS[illegible]
DEP[illegible]

JOHNSON CONTROLS
Control Products Division

[redacted] 6, [redacted]

Indiana Dept. of Environmental Mgt.
Office of Solid & Hazardous Waste Mgt.
105 S. Meridian Street
P.O. Box 6015
Indianapolis, IN 46206-6015

Attn: Ms. Jayne Browning

RE: PART "B" PERMIT APPLICATION
JOHNSON CONTROLS, INC.
GOSHEN, IN 46526
IND009549593

Dear Ms. Browning:

This letter is notification that Johnson Controls, Goshen, Indiana, IND009549593 will be submitting a [redacted] of its hazardous waste management unit in accordance with 329IAC 3-21 with the intent of [redacted] generator.

The Part "A" issued to Johnson Controls on November 3, 1980 was revised on April 11, 1987, to reflect "active portion" of facility as storage (S01) only. See enclosed Part "A" and notice of compliance letter dated September 25, 1987, (case no. V-427).

The [redacted] (T04) listed on original Part "A" [redacted] under the [redacted] exclusion (329IAC 3-15-1(c)(9).

The [redacted] (S02) contains [redacted] and [redacted] requirements of a hazardous waste.

Sincerely,

JOHNSON CONTROLS, INC.

John G. Fecteau

John G. Fecteau C.H.M.M.

J6F:MJK

Johnson Controls, Inc.
Control Products Division
1302 East Monroe Street
Goshen, IN 46526-4297
Tel. 219/533-2111

IC
Elkhart Co

FEB 6 9 39 AM '89

JOHNSON CONTROLS

January 30, 1989

Thomas E. Linson, Chief
Plan Review and Permit Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management

Dear Mr. Linson:

I am responding to your letter of January 17, 1989 to John G. Fecteau of Johnson Controls, as Mr. Fecteau has left Johnson Controls for employment with another firm.

The partial plot drawing, which is referred to as a survey, is not a May 1, 1974 survey as dated in the lower right hand corner. The survey notes were added to a portion of a Goshen facility plot drawing which was dated 5/1/74. You were correct in assuming that the hazardous waste units were penciled in at a later date. The 5/1/74 date should have been removed.

Area No. 1

The old building was a wood frame structure which was moved from the property in November of 1980. There was no soil removed and no analytical testing, as the purpose was to remove the building and the adjacent metal building to construct one new storage building.

The old buildings had dirt floors and were used to park vehicles, store softener salt, and palatalized drums which had no known records of spillage.

Area No. 2

Unfortunately the arrow for Area No. 2 points to a wrong location. Area No. 2 is the South part and adjacent to Area No. 1. Area No. 1 and No. 2 are all part of and under one roof in the building which replaced the two structures in November of 1980. There have been no known releases in Areas No. 1 or 2.

Area No. 2, referenced on our partial plot drawing and the copies of photos, is actually a catch all corner of our property. There are pieces of field tile, manhole rings fencing, structural steel, etc. in the area.

The new building is used as a dual purpose building to store a tractor, softener salt, and drums of waste. The building has a concrete floor with the drum section having a curbed perimeter and no drains in order to contain any spills. To date we have had no known spills.

Area No. 3

The tank referred to in Area No. 3 was a 1500 gallon steel tank with a sliding cover. The tank has been in use since 1974 and we have had no known releases from the tank. The tank was replaced with a closed tank in May of 1988 as we were beginning to get trash thrown into the tank. The new tank has a pipe fill which has eliminated the possibility of dumping trash into the tank. This tank is not used for spent M.E.K., xylene, or methyl alcohol.

Sincerely,

JOHNSON CONTROLS, INC.

Joseph H. McCorkel

Joseph H. McCorkel
Plant Engineering Manager

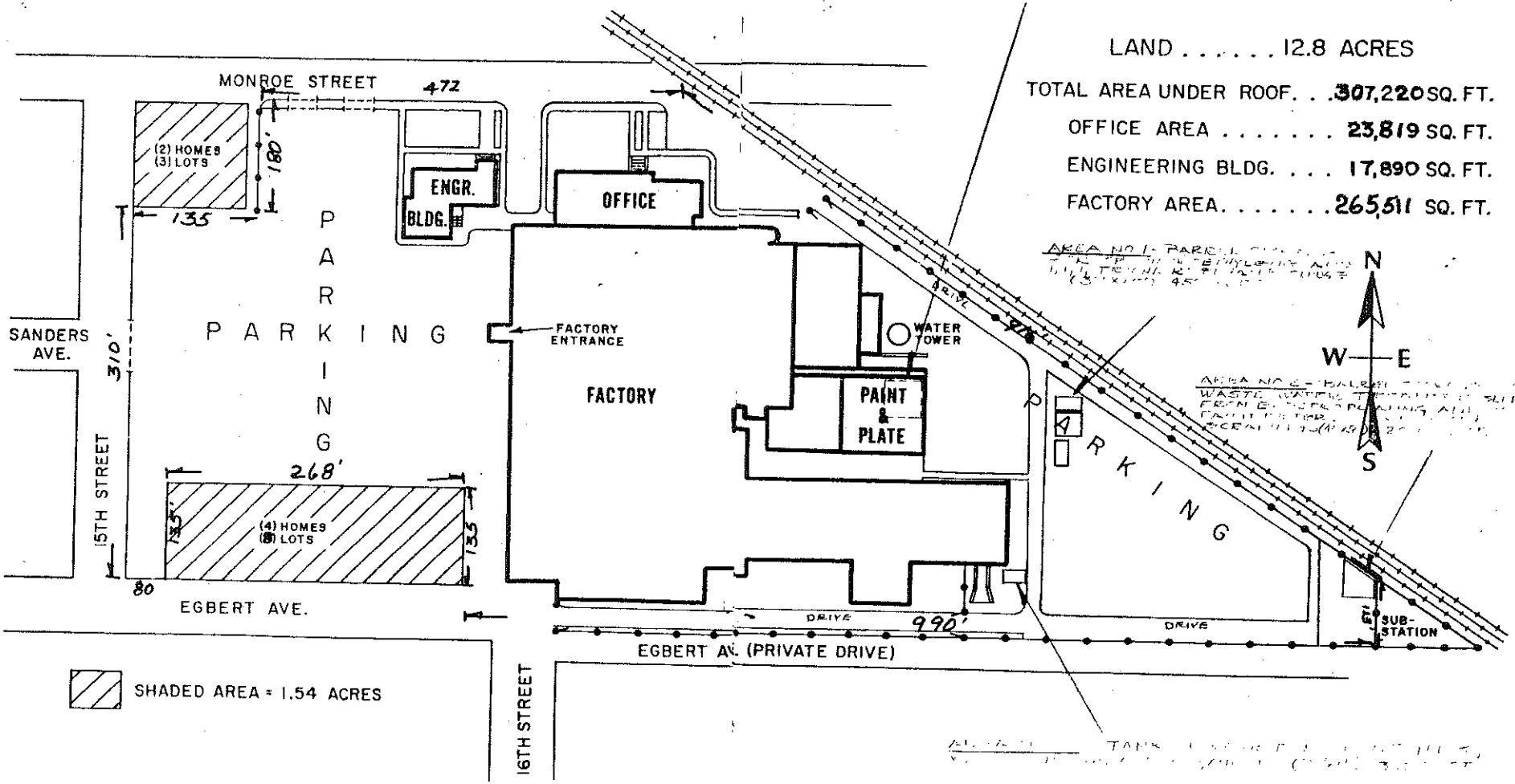
JHM:MJK
linson

cc: D. F. DeLay
Steve Hunter, IDEM

PENN PRODUCTS

GOSHEN, IND.

(Propely Layout)



LAND . . . . . 12.8 ACRES

TOTAL AREA UNDER ROOF. . . 307,220 SQ. FT.

OFFICE AREA . . . . . 23,819 SQ. FT.

ENGINEERING BLDG. . . . 17,890 SQ. FT.

FACTORY AREA. . . . . 265,511 SQ. FT.

5-1-74